

MINISTRY OF HEALTH

GUYANA

HEALTH VISION 2020

A National Health Strategy for Guyana,
2013 - 2020

December 2013

HEALTH VISION 2020
“HEALTH FOR ALL IN GUYANA”
A NATIONAL HEALTH STRATEGY FOR GUYANA
2013-2020

DECEMBER 2013

Ministry of Health
Guyana

Acknowledgement

The preparation of Health Vision 2020 reflects the collaborative work of a number of governmental agencies, programmes and stakeholders under the leadership of the Ministry of Health. The technical drafting and coordination of the strategy development was completed by the Planning Unit of the Ministry, led by my office and facilitated with assistance from Pan-American Health Organization/ World Health Organization Consultant. We are grateful for the considered support and technical cooperation given by the PAHO/WHO, whose assistance made possible the successful completion of this critical document.

I wish to recognize the invaluable contribution by the Honourable Minister Dr. Bheri Ramsaran in providing guidance on the overall vision and general strategic direction aligned to the government's health commitment to the people of Guyana. The insight of the Parliamentary Secretary, Mr. Joseph Hamilton, Permanent Secretary, Mr. Leslie Cadogan and Deputy Permanent Secretary, Mr. Trevor Thomas in supporting the development of the strategic framework, defining the policies for Health Vision 2020 and ensuring wide stakeholder contribution added tremendous value to the multifaceted inputs into the strategy.

I, on behalf of the Ministry, take this opportunity to acknowledge the contributions made by stakeholders within and outside the health sector of Guyana, in particular our programme directors and health workers, regional officers and other managers in the health system, clinicians in the private and public sectors, counterparts in other sectors and government agencies, civil society organizations, faith based organizations, the media and other partners in health.

Sincerest thanks are extended to members of the general public and all people of Guyana for who this strategy was developed. The ministry looks forward to your full support and thanks you in advance for your feedback as we all strive to ensure that all persons in Guyana enjoy good health.

Dr. Shamdeo Persaud, MBBS, MPH
Chief Medical Officer
Guyana

Foreword

It is with great pleasure that I present Health Vision 2020, our nation's guiding health document for the next seven years. Health is one of the key social sectors of the government which aims to promote the development of the human capital and thus, making this strategy vital for the country's overall development. Health Vision 2020 outlines how we plan to achieve the goal of 'Health for All in Guyana' by highlighting our service priorities and our health systems improvement and implementation plans. 'Health for All in Guyana' recognizes that in addition to Guyanese, there are many other people in Guyana such as other CARICOM nationals, foreign students, investors, businessmen and friends who live here and share in the desire for optimal health as we envision for the people of Guyana.

The realization of Health Vision 2020 will require effort from all levels of government and society with active participation from the health sector, private sector, local and international nongovernmental and development organizations. The strategy highlights the need for plans to increase participation in health and enhanced collaboration among partners to improve the efficiency and effectiveness of our efforts.

As we embark on a new era of health challenges in Guyana with the transition from a health landscape dominated by infections to one in which non-communicable diseases play a major role, a tremendous demand is placed on health systems to provide a larger volume and greater depth of advanced medical care. Compounding this challenge is that of the increased burden of injuries and disabilities due to violence and accidents and the often forgotten challenge of providing adequate mental health services.

This Health Strategy therefore is poised to collectively harness the effort of many persons from various sectors of our society, both public and private, and many other stakeholders working together with the Ministry to deliver on the vision of health for all. I greatly appreciate their efforts and would like to thank them along with my staff here at the Ministry of Health, who worked tirelessly to develop Health Vision 2020 and commit to its full implementation.

Dr. Bheri Ramsaran MD, MP
Minister of Health
Guyana

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Acronyms

ANC	Antenatal Care
ARIs	Acute Respiratory Infections
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH III	Caribbean Cooperation in Health, Phase III
CEO	Chief Executive Officer
CHW	Community Health Worker
CMO	Chief Medical Officer
CROSQ	CARICOM Regional Organisation for Standards and Quality
DFID	(United Kingdom) Department for International Development
DHS	Demographic Health Survey
DOTS	Direct Observed Therapy Short course
FBO	Faith Based Organisation
GDP	Gross Domestic Product
GGE	General Government expenditure
GHE	Government Health Expenditure
GOG	Government of Guyana
GPHC	Georgetown Public Hospital Corporation.
HFLE	Health and Family Life Education
HIS	Health Information System
HMC	(Regional) Health Management Committees
HR	Human Resources
HRH	Human Resources for Health
HRM	Human Resource Management
HSA	Health System Assessment
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDEAS	International Development Evaluation Association
IHP+	International Health Partnerships and related initiatives
IHSDN	Integrated Health Service Delivery Network

IMCI	Integrated Management of Childhood Illnesses
LB	Live Births
LCDS	Low Carbon Development Strategy
LF	Lymphatic Filariasis
MAF	MDG Acceleration Framework
MCNH	Maternal and Child (and Neo-natal) Health
MDG	Millennium Development Goals
MDR	Multi-drug resistant
M&E	Monitoring and Evaluation
MIS	Management Information System
MNCH	Maternal, Neonatal and Child Health
MOAA	Ministry of Amerindian Affairs
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOLGRD	Ministry of Local Government and Regional Development
MONRE	Ministry of Natural Resources and the Environment
NCD	Non-Communicable Diseases
NGO	Non-governmental organization
NHA	National Health Accounts
NHPC	National Health Policy Committee
NHSS	National Health Sector Strategy, 2008 - 2012
NIS	National Insurance Scheme
NPP	National Pharmaceutical Policy
NTP	National Tuberculosis Programme
PAHO	Pan-American Health Organisation
PHC	Primary Health Care
PLHIV	Persons Living with HIV
PPGHS	Package of Publicly Guaranteed Health Services
PPP	Public-Private Partnership

PRSP	Poverty Reduction Strategy Paper
PS	Permanent Secretary
PSM	Public Service Ministry
RDC	Regional Democratic Council
RHA	Regional Health Authority
RHO	Regional Health Officer
RHS	Regional Health Services
RMNM	(National Strategic Plan for the) Reduction of Maternal and Neonatal Mortality
SCMS	Supply Chain Management System
SOPs	Standard Operational Procedures
STIs	Sexually Transmitted Infections
TB	Tuberculosis
THE	Total Health Expenditure
UG	University of Guyana
UHC	Universal Health Care
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHLM	United Nations High Level Meeting
WHO	World Health Organisation

Executive Summary

Introduction

Guyanese are living longer, children have increased chances of survival, and the epidemic of HIV/AIDs, malaria and tuberculosis is being brought under control through an aggressive national response. Overall, the country is on its way to meeting most of its Millennium Development Goals (MDGs) health targets for 2015. Health Vision 2020 sets out the plan for long term health planning aimed at consolidating the progress made to date in health outcomes and system strengthening, accelerating closure in the remaining gaps in meeting the MDGs, and establishing a post-MDG agenda for Guyana through expanding universal health coverage and enabling health-enhancing behavioural and cultural changes in and through the delivery of improved health services.

Health Planning

The 2008 - 2012 health planning cycle was guided by the National Health Sector Strategy. In reflecting on its implementation in developing Health Vision 2020, five performance drivers were identified: leadership, broad ownership, financial and technical support, appropriate support systems, communication and change management. These factors play a critical role in mitigating the challenges posed by constraints in human, financial and technical resources.

Health Vision 2020 is informed by these lessons and also reflects the national development priorities of the Government set out in the Poverty Reduction Strategy Paper and the Low Carbon Development Strategy. Health planning has also benefitted from the expanded global evidence base on strengthening health systems and reducing disease burden. Guyana has committed to a number of global action plans and schemes, including in supporting a regional framework for health in the Caribbean, the control of non-communicable diseases, the Millennium Development Goals (MDGs), and the Health Agenda for the Americas, among others. Health Vision 2020 is a coherent strategic framework for implementing national priorities within the context of these international commitments while coordinating development assistance and other partnerships in health.

Guyana's Situation Assessment

Guyana's macroeconomic fundamentals have established a stable foundation for investments in health and other social sectors. Steady economic growth has created the fiscal space for sustaining social sector investments, which averaged 11 percent of GDP during 2006-2012.

Government health expenditure (GHE) averaged 3 percent of GDP over the same period, representing 9 percent of government spending or G\$11.5 billion annually

In 2010, the population of Guyana was estimated at 784,894 and is projected to reach 814,605 by 2020¹, with a growing share comprising persons over 65 years old. Guyana's level of urbanization at 30 percent reflects the fact that the larger share of the population still live in rural and interior locations, some of which remain logistically challenging for social service delivery. While the incidence of poverty has declined since 1999, it remains particularly marked among Amerindian and rural interior populations, children and young people below 25 years old.

Even as Guyana has made steady progress in combating communicable diseases in recent years, the country, as others in the Caribbean and developing world, is experiencing an epidemiological transition towards non-communicable diseases which account for an increasing share of the disease burden and mortality. At the same time, Guyana is still challenged in meeting the MDG maternal mortality target. Access to health services, particularly quality reproductive health and maternal care services, continues to be uneven across the country. The poor, particularly those populations living in rural interior locations in Regions 1, 7, 8 and 9, continue to experience health outcomes below the national average.

Strategic Framework of Health Vision 2020

Health Vision 2020 targets the vision that the people of Guyana are among the healthiest in the Caribbean and the Americas. The Ministry of Health will steward national health issues and create an enabling framework for the integrated delivery of quality, effective and responsive health services and prevention measures to improve the physical, mental and social wellbeing of all peoples in Guyana. The new strategy is underpinned by the values of human rights, equity and solidarity in health as well as principles and approaches that emphasize individual empowerment, social participation, evidence-based planning, primary health care, and sustainable development.

To meet the vision for 2020, the strategy targets the tri-partite goal: i) advance the well being of all peoples in Guyana; ii) reduce health inequities and; iii) improve the management and provision of evidence-based, people-responsive, quality health services.

These goals are addressed through two strategic pillars - universal health coverage and the social determinants of health. While these considerations have played a role in health planning

¹ Bureau of Statistics, Guyana Population Projections, 2005 – 2025. The population growth dynamics is based on assumptions of age specific mortality, fertility and net migration rates.

in the past, Health Vision 2020 represents a more deliberate consideration of non-health factors, and seeks to drive the country forward in the achievement of universal coverage. The UHC pillar strategically enables the attainment of multiple desired results through a renewed focus on primary health care: increased financial risk protection, improved access to health service and improved health outcomes. The social determinants of health pillar points to new strategic approaches that emphasize building coalitions in health, strategic partnerships and health promotion.

This ambitious new agenda for health requires a supportive policy and regulatory framework, an expanded resource envelope and a more invigorated approach to identifying and working with strategic partners. Health Vision 2020 embeds these values, principals and approaches in thirteen strategic components covering the health system and priority services. Health Vision 2020 defines seven dimensions of the health system: health governance and leadership, health financing, strategic information, drugs and medical supplies, services delivery through Integrated Health Service Delivery Networks and strategic partnerships. Six service priority areas are defined: health across the life course; non-communicable diseases, communicable diseases, environmental health, food security and nutrition, and health promotion.

Strategy implementation is structured across two phases. The first phase, 2013 - 2015, will target the consolidation of existing capacities in the health and quick-win reforms to improve the quality of services and expand the strategic information base and strengthen planning, resource mobilization and management and decision-making in the health system. The second phase, 2016 - 2020, will address the expansion of evidence based services and supportive structural and policy reforms. The implementation of Health Vision 2020 recognizes the need for fundamental shifts in attitudes, knowledge and aptitudes of health providers and health workers, as well as clients and the general public. These shifts require a long term approach to behaviour change, advocacy for all-of-government policy reforms and the development of new cultures that promote healthy outcomes for the society as a whole.

Health Vision 2020 Components

- 1. Health Governance and Leadership:** Health Vision 2020 will address the need to establish good governance in the health sector through strengthening rules and regulations, encouraging improved compliance, and strengthening the stewardship and leadership capacity of the Ministry of Health. Key strategic actions include the establishment of a new governance and strategic oversight structure for the health sector led by the National Health Policy Committee, the updating of the policy and legislative framework for health and the roll out of the RHA Act of 2005.

2. **Human Resources for Health:** Health Vision 2020 supports the implementation of *Strengthening the Foundation: A Health Human Resource Action Plan for Guyana 2011 - 2016*, which targets the strengthening of the Ministry of Health's capacity to plan, manage, develop and deploy human resources in health towards the recruitment and retention of a diverse, qualified, healthy, and highly motivated health workforce that is responsive to the populations' needs and the requirements of the PPGHS.
3. **Health Financing:** The long term goal for health financing is to support the achievement of universal health coverage through increased financial protection. With the completion of the Health Financing Review and Strategy as a companion document to Health Vision 2020, strategic actions will be refined to target the strengthening of planning capacity for health financing, improving the adequacy, sustainability, efficiency and effectiveness of health financing.
4. **Strategic Information:** Health Vision 2020 recognizes that improving the quality and availability of health information will increase its value and utility. The strategy therefore targets the establishment of systems, structures, policies, protocols, standards and capacities for improving evidence based decision-making and the promotion of a culture that values information as a national asset and a policy resource. Key strategic actions include the consolidation of strategic information system elements within a new strategic information unit and the establishment of capacities in monitoring, evaluations and research.
5. **Drugs and Medical Supplies:** Health Vision 2020 seeks to improve the timeliness, accessibility and adequacy of the supply of essential, quality, safe, cost effective, scientifically sound drugs and medical products to health facilities in all the regions. Strategic actions highlight improved standards, protocols, policies and information systems.
6. **Service Delivery:** Health Vision 2020 will improve service delivery through the establishment of Integrated Health Service Delivery Networks as the foundation for renewing primary health care and ensuring the continuity of quality, integrated and accessible care aligned to the needs of the population. Key strategic actions include defining and implementing the PPGHS, reforming the national referral system to coordinate patient-centred health care, and establishing new models of care centred on individuals, their families and communities.
7. **Strategic Partnerships:** Strategic partnerships in Health Vision 2020 will enable increased health coverage of the population and expanded skills, resources and technologies in the health system. Key strategic actions aim to identify instruments and modalities that can promote effective, mutually satisfying partnerships. New approaches, non-traditional partners and innovative mechanisms will be sought out and encouraged. To this end, an

Office of Strategic Partnership will be established to institutionalize this approach and ensure robust, sustainable partnerships.

- 8. Health Across the Human Life Course:** The HHLC approach targets clinical preventative family health services and health promotion strategies while ensuring a continuum of health care coverage and access for all populations. Health Vision 2020 targets healthy families and communities; reduced maternal, infant and child mortality; improved adolescent health; healthy aging; strengthened rehabilitation services; and the integration of services for at-risk populations and the disabled. Key strategic interventions include improving sexual and reproductive health services and implementation of the 2013 - 2020 Strategic Plan for Reducing Maternal and Neonatal Mortality.
- 9. Non-Communicable Diseases:** Health Vision 2020 targets the reduction of modifiable risk factors and premature mortality from chronic diseases. Other NCDs targeted are mental health, accidents and violence. The Ministry's Strategic Plan for 2013 - 2020 for the Integrated Prevention and Control of Non-Communicable Diseases in Guyana addresses improved health outcomes related to chronic diseases. Key strategic actions in the other NCDs address the need for a strengthened mental health system, reducing the prevalence of gender-based violence and the physiological consequences and mortality of accidents, injuries and violence.
- 10. Communicable Diseases:** Health Vision 2020 addresses the continuation of efforts to curtail communicable diseases in Guyana. In the three traditional diseases areas of HIV/AIDS, Malaria and Tuberculosis, the Ministry has already concluded detailed strategic Plans up to 2020 and these are integrated in Health Vision 2020. Strategic actions also include the strengthening of vector control services through the establishment of a unified framework and strategic information system for vector-borne diseases.
- 11. Environmental Health:** Health Vision 2020 addresses strategic objectives in environmental health to promote health-supportive environments and mitigation of the health impacts of disasters and environmental health crises. Strategic actions emphasize inter-sectoral actions and building capacities in, and partnering with, communities.
- 12. Food Security and Nutrition:** Health Vision 2020 incorporates the Guyana National Nutrition Strategy, 2011 - 2015, which seeks to strengthen the policy, planning and resource framework for improved nutrition in Guyana; improve the adequacy, diversity and quality of diet and reduce the prevalence of malnutrition, particularly for children and pregnant women.
- 13. Health Promotion:** Strategic objectives in Health Promotion are to position Health Vision 2020 on the public agenda; institute health promotion as a vehicle for planning in the health sector and engender supportive environments for health goals. Key strategic actions

include the integration of HP approaches across all health programmes, the establishment of HP functions within the organizational structure, enabling and supporting strategic alliances with communities and other stakeholders, and the development of new tools and appropriate methodologies.

Implementation Arrangements

The implementation arrangements described in Health Vision 2020 serve to equip leaders in the sector; motivate managers; mobilize responsible programmes, department and providers; and provide these with the tools and resources to implement this strategy. Strategic and policy direction will be coordinated by a National Health Policy Committee and supported at the technical and operational levels by an Administration and Management Directorate and a Technical Health Directorate. The governance oversight structure ensures space for participation of stakeholders in the public, private and civil society sectors.

Health Vision 2020 recognizes and incorporates mitigation measures to address the strategic risks posed by political, economic and social instability, absorptive capacities, stakeholder buy-in, and natural or man-made disasters.

Development of the supportive M&E system for Health Vision 2020 will build on the M&E Framework through the elaboration of an M&E Plan to establish the supportive people, partnerships and planning; collect, synthesize and analyze data and utilize the resultant health information for improved decision-making.

Change management measures will focus first on communication of Health Vision 2020 in the short term, then on enabling the reform process over the medium term to 2015. The long term goal of the change management process to 2020 is to reform health-impacting behaviours and cultures, first within the health sector, then nationally. The process utilizes three strategies: creating the climate for supporting change; engaging programme managers, partners and stakeholders and enabling their required actions; and sustaining the momentum in implementation to realize results.

1 INTRODUCTION

1.1 Background

Guyana has made steady progress over the past ten years in improving health outcomes for all Guyanese. Specifically, Guyanese are living longer, children have increased chances of survival, the epidemic of HIV/AIDs, malaria and tuberculosis is being brought under control through an aggressive national response and, overall, the country is on its way to meeting most of its Millennium Development Goals (MDGs) health targets for 2015². This progress reflects the firm commitment of the Government to the principle that the enjoyment of the highest attainable standard of health is a fundamental right of every human being without distinction of race, religion, political belief, or economic or social condition. In addition, this resolve to improve equitable access to quality health care is reflected in the sustained focus on strengthening primary health care services through health planning since 1978 with an emphasis on Universal Health Coverage (UHC).

The national policy stance on prioritizing health in the development agenda is reflected in Guyana's Poverty Reduction Strategy Paper (PRSP) with health outcomes among the 28 core poverty indicators and total health expenditure preserved at just over 3 percent of Gross Domestic Product (GDP) since 2007³. It is also echoed in Guyana's commitments to various global health goals, principals, approaches and agreements, including the targets of the MDGs, the CARICOM Nassau Declaration that the health of the region is the wealth of the region, the Port of Spain Declaration on Non-Communicable Diseases, the health initiatives of the Union of South American Nations and the principles of the constitution of the World Health Organization.

Guyana's national health agenda since 2008 has been guided by the National Health Sector Strategy 2008 - 2012 (hereafter NHSS). The Ministry of Health is eager to consolidate the progress made in the achievement of health goals, incorporating the lessons learnt through national and international experiences and adapting the emergent best practices and knowledge towards the design and delivery of more effective health services and an improved quality of life for the people of Guyana. To this end, this new national health strategy, *Health Vision 2020*, reflects significant adjustments in the strategic planning processes at the Ministry of Health, builds on success factors in the implementation of the NHSS, recognizes the changing national and international context, notably the restricting of CARICOM health to reflect regional priorities under the new Caribbean Public Health Agency (CARPHA), and is responsive to the

² Guyana MDG Progress Report, 2011

³ Guyana Poverty Reduction Strategy Report 2001

opportunities available for building strategic partnerships, supportive coalitions around national health goals and meeting the health needs of the people of Guyana.

Health Vision 2020 embraces the World Health Organisation (WHO) definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity⁴. The new strategy maintains the focus on primary health care as the principle conceptual approach for the delivery of effective public health services. It also targets the improved well-being of the population in Guyana through a more deliberate consideration of social and environmental determinants of health, and seeks to drive the country forward in the achievement of universal coverage and access to quality, responsive health services.

1.2 Review of the National Health Sector Strategy 2008-2012

1.2.1 Strategic Framework of NHSS, 2008 - 2012

The National Health Sector Strategy 2008 - 2012 (NHSS) targeted the vision - “*Guyanese citizens be among the healthiest in the Caribbean and South America*”. It sets out a broad plan for providing equitable access to high quality and consumer friendly health services based on the principles of:

- Equity in distribution of health knowledge, opportunity and service;
- Consumer Oriented Services that are people focused and user friendly;
- High quality services that represent good value for money and;
- Accountable provider and government.

The NHSS targeted increased life expectancy, decreased maternal and child mortalities, improved access to quality health services and reduced disease burden due to communicable and non-communicable diseases. It sought to address these goals through five strategic components to strengthen the health system, namely: decentralisation of health services; skilled health workforce; strong leadership and regulatory role of the Government; sector performance management process; and strategic information systems.

The NHSS also targeted seven priority health services: maternal, child and family health; chronic, non-communicable diseases; accidents, injuries and disabilities; communicable diseases (HIV, Tuberculosis and Malaria, and other communicable diseases); mental health; emerging diseases; environmental health and disasters; and health promotion and risk reduction.

⁴ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946.

1.2.2 Challenges in the Implementation of the NHSS

The Ministry has identified the following as key challenges in implementing the NHSS during 2008 to 2012.

- Failure to strategically address the interlinked nature of elements of the health system led to an inefficient approach to health system strengthening.
- Limited prioritization of major interventions led to poor funding and the inadequate use of limited resources, including human resources.
- Absence of a single framework to guide and implement data analysis resulted in poor coordination of available data and weak strategic information to inform the design of, and modifications to, health programming and strategic interventions.
- Poor linkage between the strategic plan, annual work planning processes, and the absence of a monitoring and evaluation framework led to some disengagement between the strategic objectives and operational realities.
- Increased financial resources were disease-focused and established or strengthened vertical programmes often to the detriment of sustainability and capacity building in those and other services areas.

1.2.3 Performance Drivers for Health Vision 2020

The key recommendation for Health Vision 2020 is that implementation must be evidence-based, planned and managed within the resource base limitations and the policy and regulatory framework. Health strategic planning must provide for strategic prioritization and a long term approach that provides sufficient room for capacity development, cultural and behavioural change.

An assessment of the implementation of actions under NHSS revealed a number of common causes underlying the successes achieved and the outcomes that were not achieved. Out of this assessment the following five factors are the key drivers of performance.

- **Leadership:** Initiatives and reforms need strong political buy-in which provided an incentive for managers and leaders in the sector to accept and support the actions.
- **Broad ownership:** Particularly where actions require collaboration and partnership with stakeholders, early stakeholder involvement is essential. Also critical are specific measures to support team building among implementation partners and the involvement of key staff throughout the process from design through to implementation and monitoring.
- Adequate and timely **financial and technical support** must be made available.

- Attention needs to be paid to the full range of other **support systems** (people, infrastructure, procedures) required to implement health services. In this regard, **guiding documentation** to translate policies, international best practices, etc, into implementable procedures must be developed and made widely available as a training and operational tool.
- **Communication and change management measures** need to be incorporated in the strategic planning process to ensure sound understanding, buy-in, and support for the strategy among implementing partners, including within the Ministry.

1.3 The Strategic Planning Process

The strategy development process was guided by a Joint Steering Committee (JSC) under the chairmanship of the Permanent Secretary of the Ministry, with technical direction provided by the Chief Medical Officer (CMO) and support from the Pan American Health Organization (PAHO). Technical coordination and administrative support was provided by the Planning Unit of the Ministry.

The planning of Health Vision 2020 recognized the need for multi-sector, multi-agency collaboration around the expanded health agenda. The process was formally launched with a weekend retreat in October 2012, during which Ministry senior staff and invited stakeholders established the broad strategic framework, including the vision, mission and principles of Health Vision 2020, as well as the key strategic components. A consultation was held with regional health officials, programme managers and facility managers during the semi-annual regional health officers meeting in November 2012. At this forum, region-specific issues were discussed in the context of the proposed strategic framework and the revision of the Package of Publicly Guaranteed Health Services (PPGHS). Subsequently, technical working groups were convened, comprising ministry and stakeholder representatives, to develop the objectives, strategies and implementation arrangements for each of the strategic components.

The Draft Health Vision 2020 which emerged from the above steps was shared with a wide cross-section of stakeholders for comments. Thematic consultations were held with private sector operators, other sector ministries, clinicians, patient advocacy groups and other non-governmental and community organizations. The process was concluded through an open public consultation forum, followed by an internal validation review within the Ministry.

The strategic actions within Health Vision 2020 are informed by existing or developing national strategic plans of health programmes and services, where these exist⁵. In addition, Guyana has

⁵ The following programmes/service areas have current or developing strategic plans implementable during the period of the Health Vision 2020: Tuberculosis, HIV/Aids, Oral Health, Food Security and Nutrition; Health Communications, Maternal Neonatal and Child Health; National Breastfeeding, Integrated Child Health,

committed to a number of regional and global action plans, frameworks and policies which inform the strategy including the Caribbean Pharmaceutical Policy in 2011, the Strategic Plan of Action for the Prevention and Control of Non Communicable Diseases for countries of the Caribbean Community (2011-2015), the Regional Health Framework of the Caribbean Cooperation in Health III (CCH III) 2010 - 2015, the Millennium Development Goals (MDGs) for 2015, and the Health Agenda for the Americas, 2008 - 2017. Strategic actions were further validated by the situational analysis, the policy context in Guyana, the outcome of consultations and the technical direction of health programme managers and service providers.

Health Vision 2020 therefore provides a coherent strategic framework for guiding the development of new plans while bringing alignment and synergy to the Ministry's national and international activities over the next eight years. In addition, Health Vision 2020 will serve to coordinate development and technical assistance and other partnerships in health.

1.4 Outline of Health Vision 2020

This Chapter is followed by Chapter 2 in which the situation assessment of health in Guyana is presented including contextual and contributory factors both within and outside of the health system as well as identified health determinants. Chapter 3 describes the strategic framework of Health Vision 2020 including the vision, mission, values and principles, pillars and other strategic elements. Chapters 4 and 5 comprise the body of the strategy and describe fully the strategic components in terms of their objectives, strategic actions, performance targets and implementation arrangements. Chapter 4 describes plans to strengthen and sustain the health system primarily through the improved organization and management of resources within an Integrated Health Service Delivery Network (IHSDN). Chapter 5 addresses service priority areas emphasizing the strategic themes of renewing primary health care and achieving universal coverage, fostering strategic partnerships and inter-sectoral actions, promoting health through the life course, and addressing health determinants in the social, economic and environmental spheres of life in Guyana. Chapter 6 describes the plans for implementation of Health Vision 2020 with a focus on the critical near-term actions during the first three-year consolidation phase which lay the structural and institutional foundations for guiding the strategy through to 2020. These implementation arrangements include the governance framework, roles and responsibilities within the Ministry of Health as well as with potential partners, the monitoring and evaluation framework and plan, and communication and change management measures.

2 SITUATION ASSESSMENT

2.1 Overview

This Chapter describes the context in which Health Vision 2020 is to be implemented and sets out the factors that will impact the prioritization of interventions in pursuit of the near-term goals and the longer term aspirations of Health Vision 2020. The assessment is based on analytical reports from published and internal documents validated by the Ministry of Health and reviews the state of the disease burden and trends in Guyana, the environment external to the health system, nationally, regionally and globally, as well as the building blocks of the health system itself.

2.2 Global trends and international commitments

Guyana, as a signatory to a number of international agreements on improving global health outcomes, has benefitted from the global learning and an expanded evidence base on strengthening health systems and reducing the disease burden on the population, particularly over the past decade.

A key global trend over the past decade has been a renewed attention on the promotion of primary health care systems as the dominant strategy to achieving valued goals of increased equity and universal access and coverage. Member states of the WHO, including Guyana, committed in 2005 to developing health financing systems to accomplish this goal. More recently, there has been a growing momentum to accelerate progress towards the achievement of the MDGs in 2015 and the development of a post-MDG agenda for global cooperation on health. As a backdrop to these developments, the global economy has been slow to recover from the economic and financial crisis of 2007 - 2008. Donor countries have had to respond to domestic pressure to refocus fiscally and the fallout for the financing of the global development agenda is yet to be fully appreciated. These developments have put a premium on the development of efficient and accountable country-driven systems for ensuring value for money and sustainability in the use of resources.

The WHO Draft Twelfth General Programme of Work outlines the priorities in the global health agenda over 2014 - 2019. It reiterates the principled link between human rights and health, highlights the need for due consideration to the social, economic and environmental determinants of health and emphasizes an evidence-based public health approach to interventions and services. The General Programme also points to a redefining of the role of ministries of health, improving their capacities to lead and regulate multi-sector, multi-partner health actions in response to the demands of the national and global health agenda.

Guyana is also cooperating with other CARICOM countries to address health issues in the region including through the CCH III; the 2011 Caribbean Pharmaceutical Policy; the 2012 - 2015 Strategic Plan on Combating Non-Communicable Diseases, and the rationalisation of the role of the CARICOM Regional Organisation for Standards and Quality (CROSO) to address improved public information on tobacco use and food content, and the Caribbean Regional Strategic Framework on HIV/AIDS.

Health Vision 2020 is informed by these global commitments, learning and best practice approaches and presents a viable roadmap for developing partnerships and knowledge-sharing around health issues in Guyana.

2.3 Macro-Economic Developments

Guyana has experienced steady economic growth in recent years, averaging close to 5 percent per annum since 2006, while its 2012 UNDP Human Development Index score of 0.636 places it in the category of *Medium* Human Development countries with a rank of 118⁶. Guyana's economic status as a lower middle income country has repositioned the country in the portfolio of international donors with adverse implications for accessibility of concessional development financing. The national growth trend, which was resilient in the face of the global economic and financial crisis of 2006-2008, has been fuelled by favourable commodity prices that have encouraged private investments in mining and quarrying and significant inward migration to interior locations where these economic activities are centred. Economic performance is also being driven by the booming distribution and transportation services sub-sectors and reinforced by expansion in the construction sector. Value added in the health and social services sub-sector has grown steadily in recent years, from 1.4% of real GDP 2006 to 1.9% in 2012, reflecting an expanding private sector role⁷.

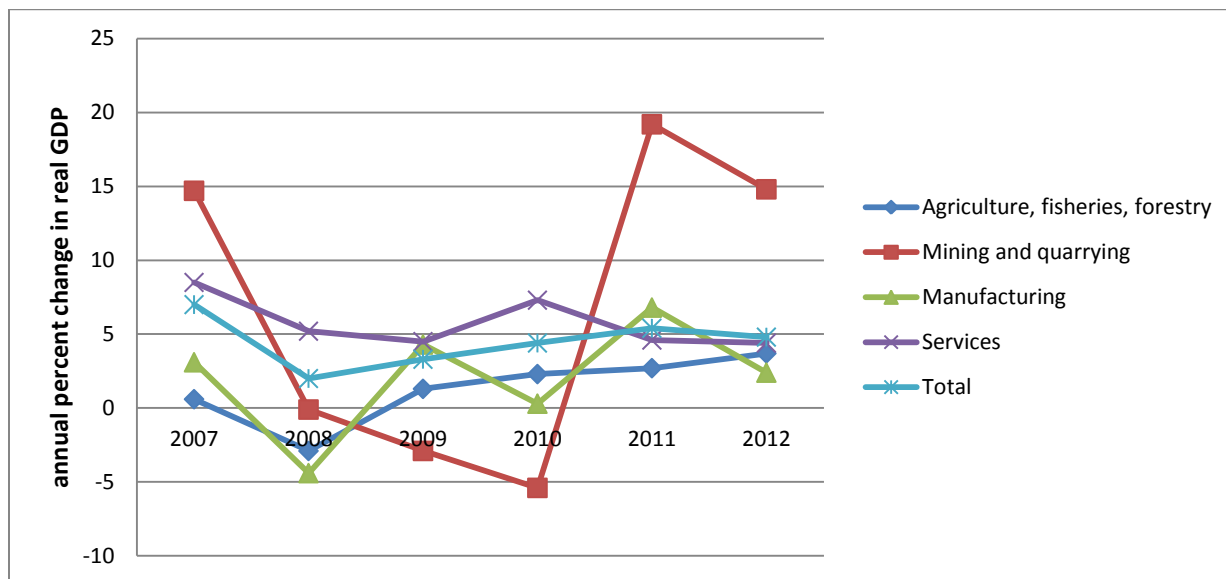
The government's macroeconomic management has succeeded in maintaining stability in underlying fundamentals such as inflation and exchange rates as well as fiscal and balance of payments balances. Inflation has remained stable at around 4 percent per annum in recent years⁸.

⁶ UNDP Human Development Report, 2013

⁷ Bureau of Statistics, <http://www.statisticsguyana.gov.gy/nataccts.html#statsbull>, Table 2

⁸ Inflation for the health category of the CPI was 1.4% in 2009-2010 and slightly negative in 2010-2011, it jumped to 10.2% in 2011-2012 (Bureau of Statistics website).

Figure 1: Economic Growth Trends in Major Sectors



On the fiscal side, revenue has continued to grow steadily, buoyed by the successful implementation of a Value Added Tax (VAT) in 2007, and strengthened tax administration which has encouraged compliance and broadened the tax net. Despite the fiscal pressures, the Government has maintained social sector spending at an average of 11 percent of GDP during 2006-2012. Government health expenditures (GHE) averaged 3 percent of GDP over the same period, representing 9 percent of government spending or G\$11.5 billion annually⁹.

The Government of Guyana’s development agenda is set out in the Poverty Reduction Strategy Paper (PRSP) which promotes a private sector led, job creating growth path that targets the achievement of the MDGs by 2015. Guyana’s development has traditionally been based on the exploitation of natural resources. Since 2007, the government has articulated a paradigm shift through its Low Carbon Development Strategy (LCDS) in favour of a more environmentally responsible development path. The LCDS sets out for Guyana a ground-breaking approach to accelerating economic growth along a low carbon development path while pursuing avoided deforestation through partnering with developed countries. Under Guyana’s partnership with Norway, performance-based payments will be directed to supporting low-carbon projects under the LCDS including a US\$6 million Amerindian Development Fund which will support the implementation of Amerindian communities’ socio-economic development plans¹⁰.

⁹ Approximately US\$56 million. Compared to 4 percent of GDP for Education. Source: Planning Unit calculations, based on Public Sector Estimates, various years)

¹⁰ Sessional Paper No.1 of 2013, Budget Speech

As part of the institutionalizing of this shift, the Ministry of Natural Resources and the Environment (MONRE) was created in 2011 and assumed responsibilities for forestry, mining, environmental management, wildlife, protected areas, land use planning and coordination, and climate change. This Ministry is an important new partner in continuing to advance health as a component of sustainable development in Guyana.

More broadly, Guyana has been a key player in bringing international attention to the development challenges faced by low-income countries seeking to respond to climate change concerns. In 2005 and 2006, the country suffered devastating floods that caused a contraction in its productive capacity and exposed weaknesses in its disaster preparedness and responsiveness. Since then, there has been significant investment in strengthening the capacity to withstand and respond to natural disasters and proactively manage the risks. The implications for the health system and health services are addressed in Health Vision 2020.

The Government has invested heavily in diversifying and modernizing the agricultural sector to reinforce and develop Guyana's position as a leader in agricultural development in the Caribbean. The sector is undergoing reform to strengthen the adequacy of the regulatory framework, improve standards in line with international trade requirements and sustain economic and technical support to producers. Among the notable developments is a Veterinary Diagnostic Laboratory planned for construction in 2013 and the ongoing support to the Grow More Food Campaign targeting national food security.

2.4 Demographic and Socio-Economic Developments

In 2010, the population of Guyana was estimated at 784,894 and is projected to reach 801,623 by 2015 and 814,605 by 2020¹¹. These dynamics project a growing share of adults in the population with the number of persons over 65 years old almost doubling from 2010 to 2020. Just 30 percent of the population lives in urban areas, compared with the average for Latin America and the Caribbean of 80 percent¹².

Around 36 percent of the population was assessed in 2006 as living in conditions of moderate poverty (less than US\$1.75 per day) and 18.6 percent were living in extreme poverty (less than US\$1.25 per day)¹³. The incidence of poverty is on the decline but remains particularly marked among Amerindian and rural interior populations, children and young people below 25 years old. These population groups struggle to meet their basic needs, including accessing quality

¹¹ Bureau of Statistics, Guyana Population Projections, 2005 – 2025. The population growth dynamics is based on assumptions of age specific mortality, fertility and net migration rates.

¹² WHO Guyana Health Profile, May 2012

¹³ Guyana Poverty Reduction Strategy Report 2011

health, education and sanitary services, adequate housing and shelter and adequate running water and utility services.

2.5 Political Context

In 2011, the People's Progressive Party was elected to govern the country for another five years. The Party's Manifesto reaffirms the commitment of the Government to keeping the nation healthy including through a people-centred approach with continued emphasis on primary health care, universal access, and improved coverage.

2.6 Disease Burden and Trends

Health outcomes in Guyana have improved steadily over the past decade, reflecting the strength of the commitment of the Government, and Guyana's development partners, to meeting national and international targets for health through increased investments in health and social spending, and the appropriateness of the health interventions undertaken.

The success of partnerships in response to communicable diseases has resulted in control of malaria, tuberculosis (TB) and HIV/AIDS. Guyanese are living longer with life expectancy at birth increasing from 63 years in 1998 to 67 years in 2010 and child survival rates on the increase. Guyana is also on track to meet most of the health-related MDG targets¹⁴. The 2011 MDG Progress Report reported that 2015 targets for nutrition and child health have already been reached, while the country is on track to reach targets in education, water and sanitation and HIV/AIDS.

- Nutrition levels have improved with the number of children suffering from moderate malnutrition declining from 8.8 percent in 2003 to 5.1 percent in 2010. In addition, less than 1 percent of under-5 children suffer from severe malnutrition.
- The under-five mortality rate has declined from 75 per 1000 live births (LB) in 1999 to 16.9 per 1000 LB in 2010 while the infant mortality rate has declined from 45 to 13.5 per 1000 LB percent over the same period.
- Child immunization coverage averaged 95 percent in 2010 and has also improved among hinterland populations, which are now closer to the national average.
- The maternal mortality ratio has continued to decline over the past years from 320 per 100,000 LB in 1991 to 96.5 in 2011.
- The spread of HIV/AIDS is slowing with prevalence declining from 7.9 percent in 1995 to 1.1 percent in 2011 and the disease status now being more characteristic of a chronic disease rather than an epidemic, as it was in 2004 before the scaling up of interventions.

¹⁴ Guyana MDG Report 2011 and Ministry of Health, Program Reports

- Access to antiretroviral drugs for the treatment for HIV/AIDS has increased from 18.4 percent in 2004 to 83.5 percent in 2008.
- Reported new cases of malaria have declined from 59,311 in 1995 to 22,840 in 2010 while the TB death rate has declined from 15.7 per 100,000 persons in 2004 to 10 per 100,000 in 2010.
- 91 percent of households had access to safe drinking water in 2009, compared to 74.2 percent of households in 2002 and 50 percent in 1991¹⁵.
- 84 percent of households are using sanitation facilities categorized as improved.

Notwithstanding these national advances, not all of the above trends are mirrored across the various socio-economic and cultural populations in Guyana. The poor, including those populations living in rural interior locations in Regions 1, 7, 8 and 9, continue to face a disproportional share of the burden and experience health outcomes below the national average as illustrated in Table 1. Further, statistical baselines on health inequities by socio-economic and demographic characteristics, such as income group, age, gender and ethnicity, remain limited.

Table 1: Selected Health Indicators by Region, 2010

Elements	National	R e g i o n									
		1	2	3	4	5	6	7	8	9	10
Crude Birth Rate (per 1,000 of Population)	18.8	27.7	20.4	16.8	19.0	15.0	16.5	28.9	21.2	28.1	16.8
Crude Death Rate (per 1,000 Population)	7.0	3.1	6.3	7.1	7.9	6.9	8.0	4.3	1.5	0.8	5.8
Neonatal Mortality Rate (per 1,000 Live Births)	7.8	7.2	2.9	10.7	10.2	6.2	3.8	3.8	0	0	0
Infant Mortality Rate (per 1,000 Live Births)	13.5	17.4	5.8	16.9	17.0	9.9	8.6	5.7	4.4	1.8	19.7
Under 5 Mortality Rate (per 1,000 Live Births)	16.9	20.3	11.6	19.7	19.6	14.9	14.3	9.6	8.8	3.6	22.5
Maternal Mortality Ratio (per 100,000 Live Births)	137.7	144.7	0	56.2	148.4	247.8	190.3	0	0	0	422.5
Births Attended by Skilled Personnel (%)	99.0	99.6	99.5	99.2	98.3	98.8	99.7	99.2	99.6	99.6	100
1 Year Old Immunized against MMR (%)	94.5	80.1	94.3	92.1	90.3	99.3	96.7	90.8	88.6	95.4	95.4
Pregnant Women Immunized against D.T. (%)	97.0	70.0	99.3	97.6	99.1	100	99.9	100	80.7	95.4	99.1
Number of Reported HIV Cases	1,039	6	13	111	743	27	77	17	3	3	26
Women 15 – 44 Years Old	464	2	8	41	346	12	30	7	1	1	10
Number of Reported AIDS Cases	146	2	7	13	96	9	5	2	0	0	9
Women 15 – 44 Years Old	40	1	2	3	26	2	1	0	0	0	4

¹⁵ Guyana Demographic Health Survey 2009

Elements	National	R e g i o n									
		1	2	3	4	5	6	7	8	9	10
New Cases of Malaria	22,840	6,380	456	568	23		20	7,833	5,992	823	745
Doctors per 10,000 Population	6.8	3.2	6.1	4.1	10.6	3.5	4.6	3.3	1.9	2.5	4.7
Nurses per 10,000 Population	13.3	3.6	4.1	5.2	18.6	5.0	16.6	8.3	4.6	5.0	19.2
Hospital Beds per 10,000 Population	23.8	30.8	10.3	19.5	21.4	11.1	38.9	35.4	26.9	21.1	30.8
Low Birth-weight Prevalence (% of Live Births <2,500g)	16.2	12.0	10.3	15.3	18.6	17.8	16.4	14.7	13.6	9.8	14.9
Under 5 Underweight Children (%)	2.1	1.9	3.0	1.9	1.8	1.0	3.0	0.4	0.1	3.7	3.9
Under 5 Severely Underweight Children (%)	0.5	0.3	0.2	0.2	0.2	0.1	0.8	0.1	0	0	4.1
Obese Infants (%)	2.0	2.1	3.0	2.0	1.9	0.5	3.0	0.8	2.7	1.3	1.1
Antenatal Care (% of First Visits)	58.8	70.7	70.0	52.8	64.2	50.9	51.2	60.6	61.9	62.3	56.5
Post-natal Care (% of First Visits)	41.2	29.3	30.0	47.2	35.8	49.1	48.8	39.4	38.1	37.7	43.5
Tuberculosis Incidence Rate (per 10,000 population)	9.0	7.4	3.9	5.6	14.5	0.8	3.8	8.0	5.0	3.1	12.9
Suicide rate per 10,000 population	2.7	1.6	4.1	4.2	1.9	1.9	4.8	0	0	0.5	0.5

Source: Ministry of Health, Statistical Bulletin, 2010 (unpublished)

Guyana has made steady progress in combating communicable and vaccine-preventable diseases. Nevertheless, Guyana continues to rank in the top five countries of the Americas with the highest incidence of tuberculosis (TB). While TB, malaria and HIV/AIDS have received the most attention in recent years, other infectious diseases such as dengue, intestinal and skin infections, Sexually Transmitted Infections (STIs), Lymphatic Filariasis (LF), STH, and Acute Respiratory Infections (ARIs) continue to challenge the health system. There is also a capacity challenge to sustaining the results of externally-supported programmes to counteract the prevalence of the three more prominent communicable diseases.

Guyana, as other countries in the Caribbean and developing world, is experiencing an epidemiological transition towards non-communicable diseases accounting for the majority of the disease burden and mortality. The burden of non-communicable diseases has grown at an alarming rate in recent years, driven in large part by social and lifestyle risk factors, notably alcohol, substance and tobacco use and abuse, physical inactivity, and unhealthy diets. These factors themselves reflect the effects of globalization, the increased urbanization with populations shifting from rural to urban lifestyles, population ageing, behavioural and lifestyle choices, and the inadequacies of existing health promotion, disease prevention, diagnostic and management efforts. Deaths and disabilities from chronic diseases, mainly cardiovascular and cerebrovascular diseases, cancers, diabetes, and hypertensive disorders are on the increase and

account for the five leading causes of mortality in Guyana in 2010¹⁶. There is some evidence of the impact of unhealthy diets and unbalanced nutrition as obesity among children has increased from 2.8 percent in 2003 to 7.9 percent in 2010¹⁷. The aforementioned risk factors have also contributed to a high prevalence of deaths and injuries due to violence and accidents as well as a cycle of mental health issues including self-harm, depression and anxiety disorders. Land transport accidents were the 12th leading cause of death in 2009¹⁸. Addressing chronic diseases necessitates a long term strategic response that puts people at the centre of their own health and well-being.

There has been steady improvement in the health and survival of pregnant women and new mothers in recent years. However Guyana continues to be challenged in meeting the MDG maternal mortality target of 80 deaths per 100,000 live births for 2015 while neonatal mortality remain high. Access to quality reproductive health and maternal care services continues to be uneven across the country. There is also inadequate response to the need for sexual and reproductive health services for adolescents and men.

Comparative statistics from the 2004 and 2010 Global School-based Student Health Survey shows that young people need services that are appropriate, timely and well-communicated in order to counteract their vulnerabilities to substance abuse, sexually transmitted diseases, early sexual activity, teenage pregnancy, violence and mental health issues¹⁹. There are also opportunities to further reduce child and adolescent mortality resulting from preventable causes, including accidents and injuries, infectious diseases and nutritional deficiencies.

2.7 The Health System in Guyana

The health system includes all those organizations, institutions, resources and actions whose primary purpose is to promote, restore, or maintain health²⁰. The WHO has developed a framework for assessing the national health system (see Figure 2) based on the building blocks: i) governance and leadership; ii) service delivery; iii) strategic information systems, iv) human resources for health (HRH); v) health financing; vi) drugs and medical supplies.

¹⁶ Ministry of Health – Statistics Unit

¹⁷ Global School-based Student Health Survey, 2004, 2010

¹⁸ MOH Statistical Bulletin, 2010

¹⁹ The Surveys indicated an increase prevalence of suicidal thoughts, alcohol and tobacco use, risky sexual behaviour among children aged 13-15 years old.

²⁰ WHO, Monitoring the building blocks of health systems, 2010

Figure 2: Health Vision 2020: WHO Health Systems Framework



In 2010, the Ministry of Health completed a Health System Assessment (HSA) utilizing this six-dimensional framework, which informed the development of Health Vision 2020. Health Vision 2020 also identifies *Strategic Partnerships* as a seventh dimension to the health system, based on the principles of individual empowerment and social participation. This dimension holds tremendous potential for facilitating the achievement of desired health outcomes through enhancing the coverage and delivery of health

services as well as supporting sustainable resource mobilization and management in the health system.

2.7.1 Health Governance

Health governance refers to the rules and regulations in place to achieve health system objectives and the varying actors that work to influence, develop, and enact those rules. The Ministry of Health, as principal steward of the public resources for health in Guyana, is mandated through the Ministry of Health Act 2005 to ensure effective oversight, regulation, coordination and accountability. Working with relevant sector ministries, notably the Ministry of Local Government and the Public Service Ministry, the Ministry of Health eschews these responsibilities through its seven programmatic areas: ministry administration, disease control, primary health care, standards and technical services, health sciences education, rehabilitation services, and regional and clinical services²¹.

Key legislation framing the sector includes the Ministry of Health Act 2005, the Public Health Ordinance 1934, the Regional Health Authorities Act 2005, and various acts governing health practitioners. Cabinet sub-committees in health and local government continue to provide high

²¹ Appendix III provides a current and proposed organizational chart for the Ministry of Health

level forums for inter-sectoral discussions, coordination and decision-making on health and public policies.

2.7.1.1 Current Assessment of Health Governance

Since 2005, the Ministry of Health has targeted the strengthening of health governance. The Guyana Public Hospital Corporation (GPHC) and the Regional Health Authorities (RHA) Acts of 2005 have facilitated improved management of the national referral hospital and the establishment of the Berbice Regional Health Authority (RHA), allowing for increased flexibility and capacity to improve resource use and health outcomes. The NHSS planned for the decentralization of health services to the RHAs, the restructuring of the Ministry to focus on its leadership role, and the strengthening of human resources and strategic information support services.

To date only the Berbice RHA was established despite plans for four other RHAs to be established. The Berbice RHA does not cover Region 5, as intended, and is not yet autonomous with respect to its budget, thus limiting its capacity to manage its resources as flexibly as the law intended. In addition, at the regional level, multiple reporting lines and lack of clarity on roles and responsibilities between the regional health offices, the regional democratic councils, the MOH and the MOLGRD contributed to an absence of performance incentives and fragmentation in leadership, communications and management of health programmes across the regions.

The performance of the National Health Policy Committee (NHPC) and the six technical working groups established to oversee the implementation of NHSS could not sustain operations due, in large part, to the work demands on their members. The organizational structure of the Ministry has also been weakened by the establishment of parallel or conflicting disease-focused, donor-programme structures. There is still a need to modernize the policy and regulatory framework to address current understandings in the approach to health care, notably in recognizing the health implications of social and environmental factors, facilitating inter-sectoral action, and Guyana's commitments under the WHO's International Health Regulations.

Opportunities for civil society and the private sector to advocate and provide input into health policies and programmes are still ad hoc and limited and need to be expanded, formalized and sustained. The Ministry's capacity to respond to the increased demand for leadership in coordinating old and new partners is presently limited by its technical, human resource and institutional constraints which Health Vision 2020 will seek to address.

2.7.2 Human Resources for Health

Human Resources for Health (HRH) includes all persons ‘engaged in actions whose primary intent is to enhance health’²². In order to be effective the health workforce must be knowledgeable, skilled, motivated and appropriately deployed.

2.7.2.1 Current Assessment of Human Resources for Health

In 2010, the Ministry concluded an action plan for strengthening health human resources in Guyana for 2011 – 2016²³. The Action Plan noted that HRH is challenged by urbanization, high attrition rates and out-migration, vacancies and deficiencies in technical and clinical skills particularly affecting Levels 1 to 3 service facilities, and weaknesses in human resource information systems, management and development. Worker motivation is adversely affected by existing working conditions, including lack of incentives and inadequate infrastructure. These challenges are compounded by the absence of an HR information system to inform decision-making.

The Ministry of Health has succeeded in increasing the supply of trained health workers through its health science education program. Training programmes exist under GPHC and the University of Guyana, in addition to the programme for recruiting Cuban doctors and training new doctors in Cuba. Notwithstanding, there is a continuing need for improved training methodologies and modalities to safeguard quality and ensure specialist skills are available as needed. Further there is a need for improved leadership and coordination with the Public Service Ministry (PSM) as well as the MOLGRD to ensure the timely hiring and retention of HRH.

2.7.3 Health Financing

Health financing refers to the “function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, ...as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care”²⁴. In 2005, Guyana, with other WHO member states, agreed to develop health financing systems that would support and sustain universal health coverage, a strategic pillar of Health Vision 2020.

2.7.3.1 Current Assessment of Health Financing

Until 2013, a lack of reliable data on health financing significantly undermined the capacity for effective health planning. However, the Ministry of Health’s recently completed Health

²² WHO World Health Report 2006

²³ A Health Human Resource Gap Analysis was also completed in 2010 to provide guidance to the implementation of the PPGHS, Second Edition.

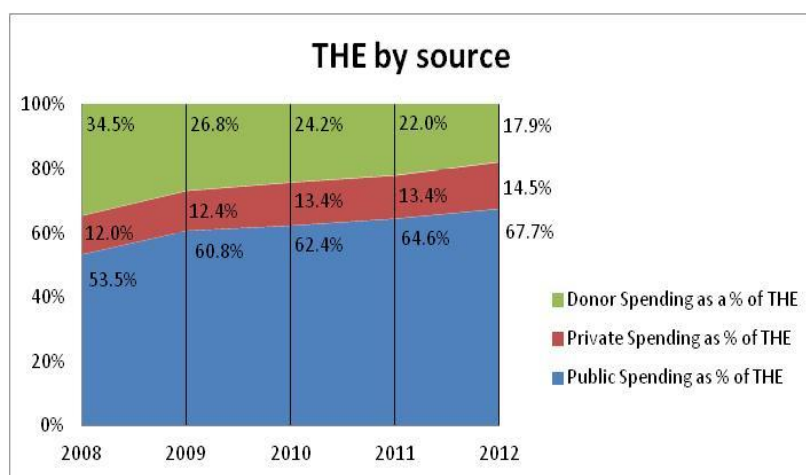
²⁴ WHO World Health Report 2000

Financing Review of 2013 provides a comprehensive review of the health financing structure in Guyana, and a description of the level and trend in key health financing indicators over the period of the NHSS (2008-2012). The findings of the review are articulated here, and the recommendations incorporated into the plans for health financing under Health Vision 2020, as detailed in Section 4.4.

In 2008, total health expenditure (THE) was GYD 23.6 billion with public expenditure comprising 54% (12.6 billion), and donor and private sector comprising 34% and 12% respectively. Government funding targeted the overall support of the NHSS including significant capital investments, predominantly in new hospitals. Development partners also provided significant funding towards vertical disease-based programmes with the majority going to HIV/AIDS, malaria and tuberculosis. During the period of the NHSS, the level of donor funding decreased at an average real rate of 15% per year while public expenditure increased at an average real rate of 6%. At the end of the period, THE stood at GYD 26.9 billion, of which Public Expenditure comprised 69% and donor and private sector spending comprised 18% and 15% respectively. Private sector spending was notable for being the only source that showed consistent real growth at an average of 4% per year, whereas real public expenditure growth fluctuated between -4.4% and 12.2%, and real growth in donor funding was consistently negative, ranging from -5.4% to -23.4%.

The demand for private health insurance rose over the period, while the National Insurance Scheme saw decreasing demand for/compliance with their service mandate. Government policy to support decentralisation of health services was supported by an average real growth rate of

Figure 3: Total Health Expenditure by Source



14.8% in its allocation to the regions.²⁵ In the individual regions, the average real growth rate of health expenditure per capita varied between 5% and 10%. Out-of-pocket (OOP) expenditure as a proportion of THE remained well below the level of catastrophic health expenditure, although household expenditure on

²⁵ This increase was via budget support for the Regions directly, and for Program 4 (Regional and Clinical Health Services) under MOH.

health did go up as the amount spent on private insurance deductibles increased.

As a proportion of Gross Domestic Product (GDP), THE has fluctuated between 5% and 7%. As a proportion of total government expenditure, General Government Health Expenditure fluctuated around 9.5%.

2.7.4 Strategic Information for Health

Sound health information impacts all the health system building blocks and all levels and stages of health services delivery. A well-functioning health information system (HIS) will ensure the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.

2.7.4.1 Current Assessment of Strategic Information for Health

A Health Metrics Network (HMN) Health Information Systems (HIS) assessment in 2010 examined the adequacies in HIS resources, indicators, data sources, data management, information products, dissemination and use. The dissemination and use of HIS was found to be the most inadequate of the areas measured, followed by HIS resources. In contrast, the establishment of indicators was found to be highly adequate. Notwithstanding, the indicator framework does not provide sufficient disaggregation to assess equity in health services and outcomes. In general, a poor data culture has also contributed to uneven data quality and usability.

Figure 4: The Ministry of Health Strategic Information System



The implementation of the Management Information System (MIS) Strategic plan (2008 - 2012) has underperformed expectations due to inadequate resources to sustain personnel and other requirements, fragmentation of programme funding structures, lack of leadership and ownership for the reforms, and weak incentives for using HIS outputs for planning and decision-making.

Despite these challenges, the Ministry was able to make progress in building the physical infrastructure and networks to support the HIS at the Ministry of Health, GPHC, Linden Hospital Complex, Suddie Hospital and Berbice RHA. The Ministry is also actively participating in national programmes supporting strategic information, including the e-governance programme and the establishment of a national monitoring and evaluation system.

A number of programmes have established independent surveillance systems which the Surveillance Unit is currently seeking to integrate. The Unit needs to strengthen standardization of procedures and increase technical capacities in order to improve the quality and timeliness of the data available to users.

Overall, the central issue noted in NHSS that 'complex information flows with poorly defined and supervised data validation processes and little concern for the integrity or use of the data at the user level' - remains a present reality for the strategic health information system in Guyana.

2.7.5 Drugs and medical supplies

A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use²⁶. Improved access to medicines is also an MDG target under Goal 8 which addresses global partnerships. Low availability, high prices and poor affordability of medicines are key impediments to treatment access in low- and middle-income countries. Further, the WHO has found that five of the ten leading sources of inefficiencies in the health system stem from the mismanagement of medical products, vaccines and technologies accounts²⁷.

2.7.5.1 Current Assessment of Drugs and Medical Supplies

Drugs and medical supplies are the largest component of the health other-charges budget, averaging 17 percent during 2007 - 2011. During 2008 - 2012, the Government expended over G\$58 billion (US\$287 million) on drugs and medical supplies²⁸. Given the scarcity of fiscal resources and the critical role of medicines in realizing Guyana's health goals, it is imperative that this resource is rationalized, including through the Essential Drugs List, and optimally utilized, through strengthened procurement and supply chain management practices.

²⁶ WHO Monitoring the Building Blocks of Health Systems, 2010

²⁷ WHO World Health Report 2010

²⁸ Planning Unit calculations

2.7.6 Service delivery

Service delivery is the output of the health results chain, reflecting the combination of inputs in a manner which should be effective and efficient and ensures that services are made available and affordable to those who most need them, when and where they are needed. This building block encompasses delivery models, infrastructure, management, safety and quality and the service needs of the population.

Service delivery in Guyana is managed by the Regional Democratic Councils through five levels of care: Levels 1 and 2 offer mainly primary health care services at the community and sub-district levels; Level 3 and 4 facilities provide services at the sub-regional (district) and regional levels while; Level 5 consists of national level facilities. The national referral system is expected to work through and with these facilities to ensure that patients are moved to the appropriate level of care based on their health needs.

Table 2: Health Facilities, 2010

Institution	R e g i o n										G-town	Total
	1	2	3	4	5	6	7	8	9	10		
Health Post	43	19	29	8	1	3	24	16	51	18	0	212
Health Centre	3	11	13	25	14	23	3	5	3	12	15	127
District Hospital	4	1	3	1	2	2	2	2	2	2	0	22
Regional Hospital	0	1	1	1	0	1	0	0	0	1	0	5
Private Hospital	0	0	0	0	0	1	0	0	0	0	6	7
National Referral Hospital	0	0	0	0	0	0	0	0	0	0	1	1
Regional Referral Hospital	0	0	0	0	0	2	0	0	0	0	0	2
Geriatric Hospital	0	0	0	0	0	0	0	0	0	0	1	1
Rehabilitation Centre	0	0	0	0	0	0	0	0	0	0	1	1
Diagnostic Centre ²⁹	0	1	1	1	1	0	0	0	0	0	0	4
Total	50	33	47	36	18	33	29	23	56	33	24	382

Source: Inspectorate Department, Ministry of Finance

The service needs of the population which the Government has guaranteed it will support are described within the Package of Publicly Guaranteed Health Services (PPGHS), the Third Edition of which will form part of the compendium of Health Vision 2020 documentation.

²⁹ Diagnostic facilities within hospitals.

2.7.6.1 Current Assessment of Service Delivery

Guyana's topography presents a challenge to transportation and communications in all areas of public services and is particularly onerous for regional health services that are underfinanced and under-resourced. In addition, the health system, as in other public services, has difficulty in retaining an adequate number of qualified technical personnel in rural interior locations. These factors have contributed to unevenness in the availability of services identified under the PPGHS. For various social, cultural and economic reasons, the current health services delivery structure also under-serves other segments of the population including men, foreign nationals, frontier and migrant populations, and many in the working population, leading to lost opportunities for prevention and early detection of diseases as well as inadequate care and support.

2.7.7 Partnerships and Collaborations for Health

The Ministry of Health in the past years has developed working collaborations and partnerships with various stakeholder groups and representatives, principally in the area of addressing infectious diseases - HIV, TB and Malaria. In addition, a number of inter-sectoral initiatives have been implemented towards collaborating on programme developments and facilitating joint implementations in areas of mutual interest or to streamline overlapping mandates with other sector ministries. Key among these partner sector Ministries are the Ministries of Education, Agriculture, Local Government and Regional Development, and Amerindian Development.

2.7.7.1 Current Assessment of Partnerships and Collaborations for Health

The Country Coordinating Mechanism (CCM), which was established under the Global Fund to fight AIDS, Tuberculosis and Malaria, exists as a model from which lessons can be applied to improve the effectiveness of inter-sectoral and multi-stakeholder actions in other issue areas including NCDs. Other mechanisms for inter-sectoral coordination exist but are often inadequately utilized. The Cabinet Subcommittee on Health and the Cabinet Subcommittee on Local Government are forums for the Ministry of Health to coordinate in ensuring the effective management and implementation of health services.

Public-private partnership arrangements have also been developed on a case by case manner to support the delivery of critical and advanced services such as HIV/TB care, open heart surgery, radiation therapy and dialysis.

While there have been some successes with planning and executing multi-stakeholder actions, bureaucratic, political and capacity challenges still impeded the full realization of the potential of collaborations and partnerships in health. The government is often challenged in taking ownership and leading programmes due to overcommitted human and other resources. These

experiences can contribute to articulating a more strategic approach to partnerships in health and identifying the principles that should guide such engagements.

3 HEALTH VISION 2020 STRATEGIC FRAMEWORK

3.1 Overview

Health Vision 2020 is informed by the analysis in Chapter 2 and presents a coherent long-term plan for addressing health determinants and constraints in the health system in order to realize health for all in Guyana. This Chapter sets out the vision of the strategy and the mission, values and principles that undergird this vision. It further describes the conceptual and strategic direction of the strategy, highlighting the strategic pillars, goals and performance targets. The chapter then provides an overview of the strategic components that will be addressed over the next eight years and presents the approach to the prioritization of the strategy across two phases of implementation.

3.2 Vision

The vision is that: “All people of Guyana are among the healthiest in the Caribbean and the Americas” by the year 2020.

3.3 Mission

The Ministry of Health will create an enabling framework for full participation and provide leadership in the integrated delivery of quality, effective and responsive health services and prevention measures to improve the physical, mental and social wellbeing of all peoples in Guyana. The ministry in collaboration with all stakeholders will steward national health issues of importance to society through advocating for health in all public policy.

3.4 Values

Health Vision 2020 is underpinned by the following values enshrined in international norms and conventions and constitutionally protected in Guyana³⁰.

Health is a human right of all persons The United Nations Declaration of Human Rights states that everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services. Further, the right to the highest attainable health was affirmed by the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). The Ministry of Health, as the agency of the government, must facilitate the development and realization of rights-based health policies including through ensuring that health systems and services are built on respect for the individual and ethical values, rejecting all forms of discrimination, and incorporating a sensitive treatment of gender.

³⁰ Values can be defined as those enduring beliefs that are foundational to the choices made in life or policies.

Equity in health Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically³¹ or by gender. This value stipulates that health policies and programmes should ensure universal access to essential services and should be deliberate in developing the strategic information and interventions that will target the removal of health differences.

Solidarity in Health This social value asserts that health is a priority of all of society and that each person should be engaged in providing for the health of himself or herself and all others, including the poor disadvantaged and deprived. The principle of solidarity in health must be extended to all peoples in Guyana and those from our CARICOM family, UNASUR countries, the Americas and the wider global community.

3.5 Guiding Principles and Approaches

The following guiding principles and approaches connect with the preceding values to form the conceptual framework for Health Vision 2020 which permeate all the strategic actions and interventions herein³².

Primary health care (PHC) remains the fundamental strategic approach of the Government of Guyana in realizing its health agenda. The PHC model drives the prioritization and organization of resource use in health care through the decentralized delivery of the Package of Publicly Guaranteed Health Services (PPGHS).

Individual empowerment and responsibility Health Vision 2020 upholds the principle that individuals are responsible for their own health and should be empowered to take control of the factors that influence their health status.

The principle of **active social participation** of all of society in health follows from the principles of empowerment of individuals and the value of solidarity in health. This principle asserts that healthy communities reinforce the health of individuals, and therefore society, through its representatives in community, civil, national, international, private and public life, should work together to promote the health of all. Policy leaders, such as the MOH, must enable social participation by providing the space to meaningfully engage all of society.

Evidence-based planning and decision-making Health Vision 2020 recognizes the need to ensure value for money in the utilization of resources and therefore stresses adequately

³¹ WHO, UNICEF. *Declaration of Alma-Ata*. Geneva, World Health Organization, 1978

³² Generally, principles can be defined as the codes of conduct or means by which our values are translated to actions.

informed planning that draws on all information and research trends nationally, regionally and globally.

Sustainable development aims at improving the quality of life of all Guyanese without increasing the use of our natural resources beyond the earth's carrying capacity. Health is a key component of a *quality* life and therefore also a goal of sustainable development. Health also contributes to economic, social and environmental development through multiple pathways. Improved health feeds sustainable development, and sustainable development feeds improved health in a virtuous cycle, supported by effective health services³³.

In addition to the above values and principles, Health Vision 2020 also translates into action other public policy principles of the Government of Guyana, including accountability, transparency, quality service and professionalism. In addition, the strategy is informed by the pro-poor development stance of the national development and poverty reduction strategies and the Government's stewardship in ensuring value for money, efficiency and effectiveness in the use of public resources.

3.6 Strategic Goals and Core Performance Measures and Targets

Health Vision 2020 sets out the path for long term health planning focused on realising the vision through health-enhancing behavioural and cultural changes in the population, and in the health system, driven by the entrenching of the values and principles described above. The strategic goals and concomitant strategies described below for 2013 - 2020 will set the foundation for future planning and are designed to thrust Guyana forward along the results path to universal health coverage, illustrated in Figure 5.

The tri-partite strategic goal of Health Vision 2020 and the related 20 performance measures are as follows³⁴.

1) *Advanced well-being of all the people of Guyana:*

1. Life expectancy for both men and women increased to over 70 years at birth.
2. Maternal mortality decreased to below 80/100,000 Live Births by 2015 decline rate sustained through 2020.
3. Infant and child mortality decreased to less than 14 and 16 per 1000 live births by 2015 decline rate sustained through 2020.

³³ WHO Summary Report, Health and Sustainable Development, 2002

³⁴ These performance indicators and measures are included in the M&E Framework in Appendix II.

Box 1: Health-Related MDGs and Targets

Eradicate Hunger

- Halve, between 1990 and 2015, the proportion of people suffering from hunger

Reduce Child Mortality

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Improve Maternal Health

- Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- Achieve by 2015, universal access to reproductive health

Combat HIV Aids, Malaria and Other Diseases

- Have halted, by 2015, and begun to reverse the spread of HIV/AIDS
- Achieve by 2015, universal access to treatment for HIV/AIDS for all those who need it
- Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

Environmental Sustainability

- Integrate the principles of sustainable development into country policies and programmes
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- By 2020, to have achieved a significant improvement in the lives of slum dwellers

Global Partnership for Development

- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available the benefit of new technologies, especially information and communications

4. Mortality from cardiovascular disease, cancer, diabetes and lung disease decreased by 2020 in line with the Global Target for NCD control of a reduction of 25% by the year 2025.

5. Prevalence of the four main risk factors of NCDs (smoking, harmful alcohol use, physical inactivity and unhealthy diet) reduced by 2020 in line with the Global Target as above.

6. Risk, incidence and prevalence of communicable diseases reduced by two-thirds of the 1990s level in line with the MDG 2015 target, and controlled through 2020

2) *Reduced health inequities:*

7. Improved health literacy among disaggregated population groups, segmented by geographic location, gender, and income group, from the assessed baseline in 2013.

8. Improved access to health services in coastal and interior regions particularly for vulnerable or marginalized populations including HIV/TB patients, persons with mental conditions, persons with disabilities, adolescents, the elderly and low-income persons.

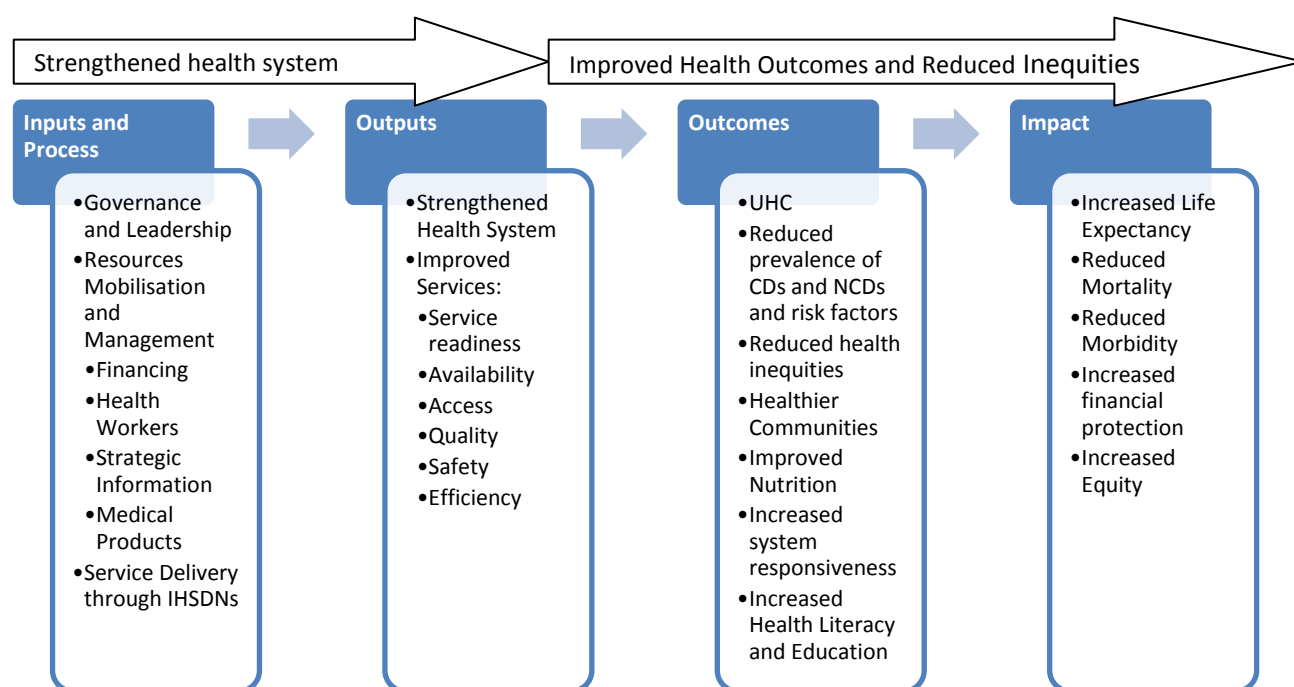
9. Reduced disparities between health outcomes in coastal and interior regions among disaggregated population groups, segmented by geographic location, gender, age and income group.

3) *Improved management and provision of evidence-based, people-responsive, quality health services:*

10. Improved client satisfaction with health facilities and services, particularly those targeting adolescent health, the elderly, the disabled, persons with mental disorders or illnesses

11. Universal access to sexual and reproductive health, including for family planning and adolescents.
12. Improved good governance practices as indicated by functioning of governance oversight mechanisms.
13. All Regional Health Management Committees functioning effectively.
14. Health workers per 10,000 people reaches 25 by 2020.
15. Government health expenditures increased in line with requirements of the PPGHS and Health Vision 2020.
16. Increased percentage of the population resides within 5km of a health facility, notably in interior locations.
17. Service availability at all facilities sustained in line with PPGHS.
18. Reduced stock-outs of essential medicines and blood products.
19. Improved HIS measures including data quality, availability, coordination, management, resourcing, communication, and information value.
20. All formalized health partnerships functioning effectively.

Figure 5: Health Vision 2020 Results Chain



3.7 Pillars of Health Vision 2020

3.7.1 Universal Health Coverage

Universal Health Coverage (UHC) is defined as a state where ‘all people receive the health services they need without suffering financial hardship’³⁵. UHC is conceptualized as a direction, and not a destination since its dimensions – people, services and finances are constantly changing. UHC is identified as a principal pillar of Health Vision 2020 as it strategically enables the attainments of multiple desired results: increased financial risk protection, improved access to health services and improved health outcomes.

UHC promotes a renewed focus on **primary health care** (PHC) as the principal overarching approach to public health care provision in Guyana. PHC-based health systems are people-oriented, rights- and value-based, comprehensive and systemic. Such systems underscore UHC as a means of ensuring financial and social protection for the poor. In this regard therefore, UHC reinforces Guyana’s pro-poor development agenda as set out in its PRSP.

While UHC is an on-going intent of the Government’s health policy, Health Vision 2020 presents the most purposeful push in this direction in Guyana’s history of health planning. In so doing, Health Vision 2020 will first need to address the strategic information needs of each of the three dimensions of UHC so that evidence-based interventions and supportive policies can be developed.

3.7.1.1 Population Coverage

The goal of UHC is that each member of the population should have equality in access to health services and that no population group should face financial, cultural or other barriers to accessing health services. In Guyana, such barriers include geographic barriers owing to the population spread and topography of the country which increases the difficulty faced by interior populations in accessing public services. Cultural barriers are present in society’s interpretation of gender roles which often discourages male involvement in family health and family planning. Social barriers include stigmatization and discrimination against persons due to their health conditions or disability status. Further information is needed on these at-risk groups and the barriers they experience in order to better address their health needs.

In this regard, Health Vision 2020 highlights that the following population groups are at-risk, marginalized or vulnerable, and therefore are more likely to have health outcomes that lag behind the national averages and are more likely to be inadequately covered by health services.

³⁵ WHO, World Health Report 2010

- Amerindian populations living in remote rural or hinterlands locations
- The economically poor including those living without access to adequate water and sanitation sources
- The disabled
- Drug and substance abusers
- Early adolescents who have initiated sexual relations
- Children living in households where the head of the household meets one or more of the vulnerability criteria listed and children neglected or living in abusive domestic situations.
- Persons living with HIV/AIDS and other chronic conditions and cancer survivors
- The elderly, particularly those that also meet another of the vulnerability criteria listed here.
- Migrant communities including mining and forestry workers and foreign nationals
- Incarcerated and institutionalized individuals

3.7.1.2 Health Care Services

The Third Edition of the Package of Publicly Guaranteed Health Services (PPGHS) which is an Annex document of Health Vision 2020, presents the essential facility-based health services to which all Guyanese should have equal access, and the resources implications for the government to be able to guarantee the availability of these services for 2013 - 2015. The PPGHS has twin objectives: a) to define the services guaranteed to the public at each level of the health system by the end of 2015; and b) to support decentralization efforts by strengthening health resource management and networks across the facility, district and regional level.

The PPGHS outline health conditions and their responsive interventions that are available through promotion, prevention, treatment and care, rehabilitation and emergencies services. While the PPGHS establishes the baseline of services that are available, additional assessments need to be carried out on the service readiness of facilities with regard to their physical infrastructure, the timely availability of logistical and other support resources to deliver the guaranteed services, and the alignment of these services with customer needs with due regard to equity, quality and effectiveness.

3.7.1.3 Financing

The lack of strategic information in health financing directly undermines the capacity of the Ministry of Health to plan for and evaluate resource adequacy, sustainability, equity, and efficiency/value for money. As a first step, the MOH, with support from DFID and PAHO, has conducted a review of health financing in Guyana which looks at the public, private, non-governmental and external actors involved in purchasing health services. The review maps the existing health financing structure, estimates a baseline for total health expenditure in Guyana and assesses the capacity of existing institutional mechanisms to address financial risk

protection, particularly amongst the poor, and to ensure the equitable and cost-effective service delivery required to achieve UHC.

3.7.2 Addressing Social and other Determinants of Health

Health and well-being are functions of biological as well as non-biological factors. The social determinants of health refer to the conditions in which people are born, grow, live, work and age. It recognizes that circumstances of finance, power, and resources at national, regional and local levels affect health outcomes and health equities, including through their impact on the ability of the population to access health care.

In order to redress the strategic goal of reducing health inequities, Health Vision 2020 proposes an expansion in the health agenda to more directly recognise and understand the non-health factors that influence health outcomes. The strategy further recognizes the need to **mobilize and re-orient resources** (including financial, material, human resources, social and political capital) to address the needs of the most vulnerable populations, in particular those in rural and interior locations, whose health outcomes are lagging behind the national levels. These expanded resources will be engendered by, and will enable, innovative mechanisms for **collaborating with communities**, civil society, private sector agents and other stakeholders to influence and affect the educational, economic, environmental and social circumstances of the population in favour of **improved health literacy**, knowledge, decision-making and outcomes. Health Vision 2020 also addresses **inter-sectoral actions** to build a coalition of support for improved public health within and outside of the health sector.

3.8 Components of Health Vision 2020

The above values, principals and pillars are embedded in thirteen strategic components addressing the seven defined dimensions of the health system and six service priority areas.

3.8.1 Health System Components

Health Vision 2020 will address strategic actions in each building block of the health system aimed at strengthening the health system and renewing its primary health care orientation. In addition to the six WHO building blocks which address tangible resources, Health Vision 2020 also incorporates strategic partnerships as a seventh building block - recognizing that the interests, influences, constituencies and resources of partners can serve to advance the health agenda in Guyana, expand the resource base and contribute to the realization of our strategic vision.

3.8.2 Health Service Components

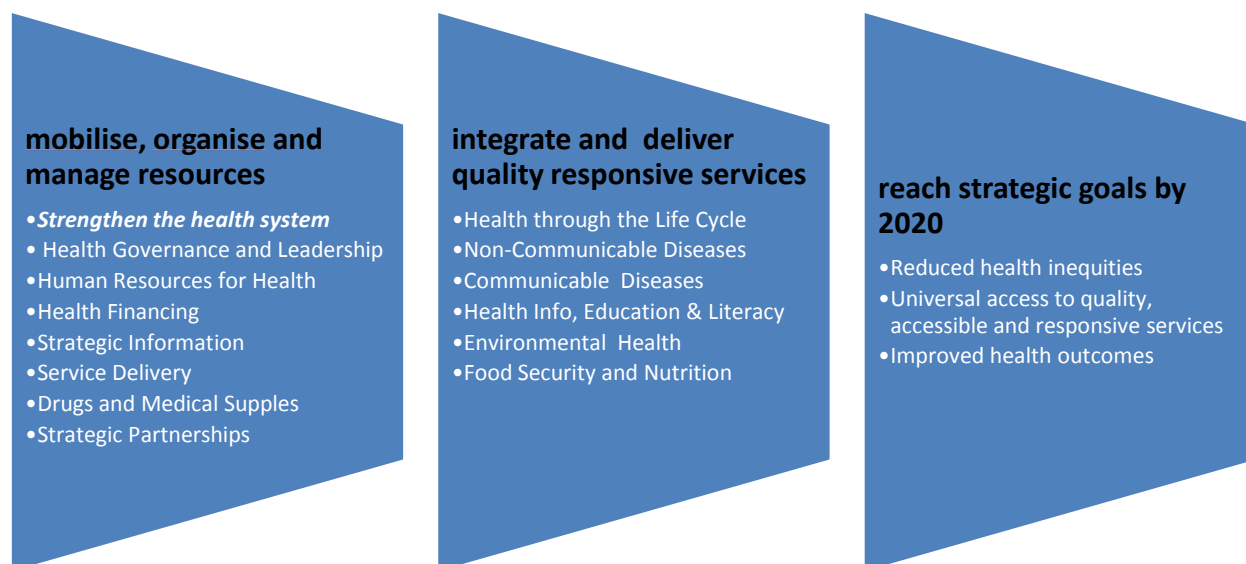
Health Vision 2020 identifies six health service components.

- Health across the life course
- Non-communicable diseases including chronic diseases, mental health and injuries, accidents and violence
- Communicable diseases including traditional and emerging infections
- Environmental health
- Food security and nutrition
- Health information, education and literacy

3.9 Prioritization of Health Vision 2020

Health Vision 2020 describes a menu of strategic interventions set out across two phases of implementation. The delineation of these phases takes cognizance of the increased scope of the health agenda, and is mindful of the need for feasibility with regard to the organizational resources and capacities within the health system, including the legal and regulatory framework for health in Guyana. In addition, the implementation of Health Vision 2020 recognises the need for fundamental shifts in attitudes, knowledge and aptitudes of health providers, clients, citizens and workers in the health system. These shifts require a long term approach to realizing individual behaviour change, building a momentum for policy reforms through advocacy and developing new cultures that promote healthy outcomes for the society as a whole.

Figure 6: Health Vision 2020, Strategic Direction



Phase I: Health system strengthening and consolidation during 2013 – 2015

- Finalise and disseminate the PPGHS (Third Edition) 2013 – 2015 and establish mechanisms to monitor its implementation.
- Establish baselines for strategic health information across all strategic component areas and in particular for human resources for health, health financing, and disaggregated output and outcome indicators for programmatic health interventions.
- Develop a robust evidence base on health system indicators, disease burdens and other health outputs and outcomes through monitoring, evaluations and research, both operational and academic.
- Accelerate progress towards achievement of the ten national MDG 2015 health-related targets and in particular in the areas of maternal and child health where Guyana is currently off-track, including through the implementation of the MAF solutions.
- Identify and implement quick-win reforms to address the more obstructive challenges in the management of the health system.
- Address priority deficiencies in the legal and regulatory framework for health.
- Establish mechanisms, policies and standards to improve internal efficiencies in the use and management of resources in accordance with the existing regulatory and policy framework.
- Strengthen the planning function in the Ministry of Health to support and close planning gaps across the various programmes and policy areas of the public health system.

Phase II: Deepen system strengthening and expand universal health coverage during 2016 – 2020

- Review and expand PPGHS and produce the Fourth Edition for 2016 – 2018.
- Based on evidence, establish a country-specific path to expand coverage through some combination of geographical expansion, expansion in quantity of guaranteed services, and increased financial protection for the poor or economically vulnerable populations seeking health services.
- Implement evidence-based interventions to reduce disease burden and health inequities.
- Increase resource allocations to improve equity in the delivery of quality services in interior regions.
- Enact new legislation to improve the conduciveness of the policy framework for health.

4 STRENGTHENING THE HEALTH SYSTEM IN GUYANA

4.1 Overview

There is an increasing need for health systems that provide equitable, comprehensive, integrated, efficient and continuous care services while promoting social inclusion and empowerment. Health Vision 2020 reflects an amplified response to addressing weaknesses in capacity, resources, and technologies in all dimensions of the health system while consolidating the strengths already built through previous strategic efforts. A key long term strategy is the establishment of an Integrated Health Service Delivery Network (IHSDN) through policy and strategic actions across all six dimensions of the health system.

Health Vision 2020 will prioritize addressing system deficiencies and implementing quick-win reforms during the first implementation phase, 2013 - 2015. Strategic actions in this first phase will focus around the development of the evidence base for a better understanding of the efficacies and inadequacies of the existing policy and regulatory framework and building the information base for improving policies, planning and decision-making, management of human and material resources, and health financing. As this first phase closes in 2015, the Ministry will roll out in Phase 2

Integrated Health Service Delivery Networks can be defined as “a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served.”

PAHO, Renewing Primary Health Care in the Americas.

new or re-invigorated policies, designs and plans for expanding and enhancing health interventions, services and system reforms towards realizing the goals of Health Vision 2020.

4.2 Governance and Leadership

4.2.1 Introduction

Health Vision 2020 will address the need to establish good governance in the public and private health sector in Guyana, thereby ensuring that there is accountability, efficiency and effectiveness, participation, transparency, responsiveness, consensus-orientation and equity through compliance with the rules and regulations established.

4.2.2 Strategic Objectives in Governance and Leadership

- To strengthen the legislative, institutional, and policy framework and structures of the health system

- To strengthen the capacity of MOH to lead and steward the health system
- To enable the optimal organization and management of health resources

4.2.3 Strategic Actions

4.2.3.1 *Strengthen the legislative, institutional, and policy framework of the health system*

- Strengthen the governance oversight structure of the Ministry through actions that include:
 - In 2013, reconstitute and sustain the National Health Policy Committee (NHPC) with membership comprising senior management of the MOH, policy representatives of other sector Ministries, GPHC and select regional hospitals, civil society and private sector organizations.
 - Establish an Administration and Management Directorate (AMD) that reports to the NHPC on reforms in resource mobilization and management.
 - Establish a Technical Health Directorate (THD) that reports to the NHPC on the technical (clinical and strategic) components of the seven health programmes of the Ministry.
- In 2013, review, rationalize and amend the Health Policy and Legislative Reform agenda and, from 2014, implement reforms to deliver key agenda items including:
 - A new and comprehensive National Health Policy;
 - Revised Health Facilities Licensing Act;
 - A new Guyana National Medicines Policy;
 - Strengthened National Import Control System to meet international requirements;
 - Regulations and Measures necessary to facilitate the full implementation of RHAs.
- During 2013 - 2014 clarify, amend and communicate as necessary the roles and responsibilities of actors in the delivery of Regional Health Services, including the MOH, MOLGRD, RDCs, and RHAs as well as key positions including the Regional Health Officer and Regional Executive Officer, and establish mechanisms that ensure accountability.
- Develop and implement from 2015 a detailed road map for establishing defined RHAs.
- Evaluate and strengthen public and private sector compliance with the health sector regulatory framework including the coherence between policies and practices, powers and responsibilities and enforcement of rules, procedures, codes of conduct and standards.

4.2.3.2 *Strengthen the capacity of MOH to lead and steward the health system*

- In 2013, assess the leadership and stewardship capacity of the Ministry in resource generation and management, strategic and programme planning, monitoring and evaluations, advocacy and coalition building, and inter-sectoral coordination around health, among other stewardship functions.
- By 2014, establish and sustain a public relations and communications function within MOH.

- From 2014, develop and implement a systemic and sustainable approach to addressing capacity issues utilizing a health promotion approach and addressing organizational reform and management training; including through technical support from partners.
- By 2015, develop and implement an advocacy agenda for health.
- Organize an annual *National Health Day* event to facilitate participatory health reviews from 2014.

4.2.3.3 Enable the optimal organization and management of health resources

- Establish an appropriate organizational structure for the MOH by mid-2014 that provides for the orderly and sustainable implementation of national health policies and Health Vision 2020.
- Strengthen management structures and systems in the health sector:
 - Establish a Procurement Planning and Management Committee (PPMC) by end-2013 that reports to the Administration and Management Directorate and meets quarterly to review, and make recommendations on, the performance of procurement management, distribution and contract administration in the public health sector.
 - Within the context of an M&E Plan, strengthen existing program-based performance management and reporting systems and establish incentives for improved quality, services, and resource use, commencing mid-2014.
 - Institute monthly statutory Programme Managers Meetings from 2013.
 - Strengthen the capacity of the Agency Budget Committee.
- Re-enforce the establishment and functioning of Regional Health Management Committees.

4.2.4 Implementation Arrangements

Strategic actions to promote good governance and leadership will be led by the Secretariat of the Minister with technical support from across Programme 1 (Administration) including the Office of the CMO, the Office of the Parliamentary Secretary, the Planning Unit and the HRH Unit/Department. The Minister's Secretariat will coordinate and ensure regularity in meetings of the NHPC, AMD, THD and the PPMC. Work agenda will be guided by the Implementation Plan for Health Vision 2020 (see Appendix 1) as well as the Health Policy and Legislative Agenda. The Planning Unit will complete capacity needs assessments and guide the development of performance management and reporting systems through its Monitoring and Evaluation Unit. The established PR and Communications Units will support the development and implementation of the advocacy agenda, the execution of the National Health Day events, and dissemination of key public information such as the Public Version of the PPGHS.

4.2.5 Performance Targets

- Functional Governance Oversight (regular meetings of the relevant committees) established by mid-2014 and sustained.
- National Health Strategy meeting the 16 IHP+ attributes by end-2014.
- Functional Health Management Committees representing all regions strengthened by mid-2014 and sustained.
- M&E Plan and evaluation mechanisms for Health Vision 2020 established by mid 2014.
- Required legislative instruments created, amended and enacted by 2015.
- Comprehensive National Health Policy in place by 2015.
- Capacity building programme in health leadership, management and planning in implementation by end-2014.
- All defined RHAs established in accordance with the law by 2020.

4.3 Human Resources for Health

4.3.1 Introduction

The management of HRH will address the development and sustaining of a vibrant, responsive and efficient health workforce through appropriate training and capacity development, establishment of effective recruitment and retention methodologies, and strategic planning for addressing challenges, sustaining the delivery of acceptable standards of service and ensuring responsiveness of HRH to the health needs of the population.

The ministry's HRH strategy, *Strengthening the Foundation: A Health Human Resource Action Plan for Guyana 2011 - 2016*, presents a comprehensive action plan for addressing the challenges and gaps in HRH and the MOH has already committed to its implementation. The following key strategic objectives and interventions are drawn from this document.

4.3.2 Strategic Objectives in HRH

Health Vision 2020 targets the following objectives in HRH.

- To strengthen the Ministry of Health's capacity to better plan, develop, monitor, manage, and evaluate health human resources policies and programmes
- To develop and retain a diverse, qualified, healthy, and highly motivated health workforce
- To deploy and distribute the health workforce in a manner that is responsive to the populations' needs and the requirements of the PPGHS.

4.3.3 Strategic Interventions

4.3.3.1 *Strengthen the Ministry of Health's capacity to better plan, develop, monitor, manage, and evaluate health human resources policies and programmes*

- Establish, staff and equip an HRH Department with a mandate to plan, coordinate and steward national HRH policies and programmes.
- Produce a comprehensive five-year HRH strategy and development plan and establish the collaborative planning mechanisms with key partners and stakeholders including the Public Service Ministry and Ministry of Local Government, to support its development, monitoring, and evaluation.
- Develop and implement a comprehensive HRH management and information system as the basis for an evidence-based approach to planning, programme development, and evaluation.
- Work with the PSM and the MLGRD to develop and adopt improved recruitment and staff management policies and procedures that are flexible, participatory, and supportive of the health workforce.
- Develop improved policies and practices to enhance workplace occupational health and safety.

4.3.3.2 *Develop and retain a diverse, qualified, healthy, and highly motivated health workforce*

- Explore options, including through engaging the Diaspora, development partners and the private sector, to improve health funding and incentive programmes and enhance the recruitment and retention of specialist skills.
- Ensure that HRH are fully accountable, fairly appraised, and have the tools, systems, and resources to perform at the highest levels.
- Assess the skills and resource gaps in implementing the PPGHS and adjust the cadre and distribution of medical and nursing professionals to address gaps in identified services areas particularly at rural and interior health facilities.
- Strengthen the preparation of health professionals in terms of education, clinical skills, professional culture, and ongoing professional development, to better align with changing requirements of clinical practice environment.
 - Expand postgraduate medical and nursing education to build capacity and competencies that support Health Vision 2020
 - Strengthen the capacity of health education training programmes, at the didactic and clinical levels, to provide quality learning environments that meet the needs of health professionals.
 - Develop and expand community services components of training.

- Explore opportunities to expand existing health worker roles and introduce new categories of health workers in providing improved population access to quality services.
 - Expand the roles and functions of PHC workers through task shifting and task sharing.
 - Build a cadre of multi-purpose trained staff as the nucleus of health care delivery.
 - Define and develop new categories of health professionals especially in psychology, counselling, health management, health economics, etc.
- Improve HRH systems for the provision of supervision and mentoring, including through the development of supervisory manuals and guidelines.

4.3.3.3 Deploy and distribute the health workforce in a manner that is responsive to the populations' needs and the PPGHS and maximizes productivity while being affordable and sustainable.

- From 2014, expand adequate supportive structures and benefits for staff in hinterland locations (including staff quarters, hardship allowances, access to transportation and communications).
- Explore innovative options for community-based models of health care delivery and develop and implement viable solutions in collaboration with communities from 2016.
- Explore opportunities for public-private partnerships to cost-effectively contract select medical specialist services, including for delivery in interior locations from 2016.

4.3.4 Implementation Arrangements

An MOH HRH Transition Team will be established that brings together all the key stakeholders with a role in HRH planning and development, notably PSM and the MOLGRD, to ensure a comprehensive and integrated approach to implementing the HHR Action Plan, 2011 - 2016. This team will be led by the Permanent Secretary and supported by the Planning Unit.

The MOH will reorganize the Ministry's personnel function into an HRH Department by end-2014, once planning directions are finalized and roles and requirements are clearly identified.

The established HRH Department will take responsibility for implementation of the HRH Action Plan from 2014, inclusive of the strategic interventions described above. The Ministry will engage technical and donor partners to mobilize capacity development resources for the HRH Department.

4.3.5 Performance Targets and Milestones

- Total HRH (physicians, dentists, nurses, medex and midwives) ratio of 25 per 10,000 persons achieved by 2017 and sustained through 2020.

- Achieve a pre-service health professional training programme accreditation rate of 70 percent for university-based programmes, including all clinical training components, by 2018.
- Achieve a (public sector) health workforce vacancy rate of 15 percent by the end of 2018³⁶.
- Reduce the annual turnover rate of the health workforce from the 2010 level of 50 percent to 25 percent by the end of 2020.
- Achieve a birth attendance rate by skilled personnel of 99 percent of all births by 2020³⁷.
- Reduced inequities in the distribution of health workers by occupation/specialization, region, gender, and service delivery level compared to the national per capita average.
- Reduced turnaround time to fill vacant positions.

4.4 Health Financing

Health financing is concerned with how financial resources are generated, allocated, and used in health systems. Health financing policy focuses on how to move closer to universal coverage by addressing issues relating to: i) how and from where to raise sufficient funds for health; ii) how to overcome financial barriers that exclude the poor and marginalised from accessing health services; and iii) how to provide an equitable and efficient mix of health services.³⁸

4.4.1 Introduction

The objectives and actions listed here flow directly from the findings of the Health Financing Review 2013 and subsequent consultations with the Ministry of Finance, other government agencies and parastatals, the private sector, and development partners.

4.4.2 Strategic Objectives in Health Financing

- To establish and strengthen capacity for health financing and economics at the national policy and planning level.
- To ensure the adequacy and sustainability of health financing for facilitating progress towards universal health coverage.
- To improve the efficiency and effectiveness of health financing/planning.

³⁶ Rates have varied between 25 – 50 percent. Source: *Health Human Resource Action Plan for Guyana 2011 - 2016*

³⁷ Skilled personnel attended about 93 percent of births in 2008-09. Community health workers currently attend 17 percent of all births. Source: *Health Human Resource Action Plan for Guyana 2011 - 2016*

³⁸ WHO 2013

4.4.3 Strategic Interventions

4.4.3.1 *Establish and strengthen capacity for health financing and economics at the national policy and planning level*

- Expand and strengthen the role of MOH Health Planning/Expenditure Planning and Management Unit (HP/EPMU) through development of a system of National Health Accounts (NHA) to provide a continuous assessment of the use of financial resources in the health sector; building core capacity to cost health programmes and outcomes and conduct performance-based financing; and development of an electronic budgeting and expenditure management programme;
- Strengthen, streamline and build capacity for internal audit;
- Develop a network of private, external and public stakeholders to share information and build capacity for future reforms and dialogue on health financing in Guyana;
- Create a Health Financing Taskforce chaired by the Permanent Secretary of MOH and coordinated by the Director of Planning, and including stakeholders as listed above. The primary objective of the Taskforce will be to develop, implement and monitor a national Health Financing Strategy;
- Create a forum for quarterly meetings with the Ministry of Finance (MOF) to review the macroeconomic environment and support continuous engagement on health financing issues.

4.4.3.2 *Ensure the adequacy and sustainability of health financing for facilitating progress towards universal health coverage*

- Engage with MOF to establish the key factors influencing the level of health financing in the public sector and establish a mechanism to increase certainty and thereby support planning for sustainability in public health services.
- Cost the Third Edition PPGHS (and all following editions) and tertiary health care; identify funding gaps and plan for sustainability of quality health service delivery in Guyana through the Medium Term Expenditure Framework (MTEF);
- In response to quantified funding gaps, collaborate with sector partners through the Health Financing Taskforce to identify alternative sources of finances, e.g. tax on high-fat products; facilities rental; and public-private partnerships (PPPs);
- Advocate for greater donor support in line with commitments under the Paris Declaration, and targeted towards identified funding gaps within the public sector;
- Work with the MOF to further reform the budget development process such that the annual budget is clearly linked to and reflective of the implementation of the Health Vision 2020.

4.4.3.3 Improving the efficiency and effectiveness of health financing/planning

- Use the data from the NHA, electronic budgeting and expenditure management programme, and relevant costing tools to track efficiency and effectiveness of health care spending;
- Through the Health Financing Taskforce, collaborate with sector partners to reduce the number of funding mechanisms at the national level and explore the establishment of a single Health Fund;
- Through the Health Financing Taskforce, collaborate with sector partners to discuss options to redress the current inequality in access to financial protection for health, in particular reviewing the implications of the current financing mechanisms of the NIS. Use the findings to inform development of a structured and inclusive incentive framework;
- Use the results of cost analyses and identification of funding gaps to inform development of PPPs and requests for donor funding;
- Strengthen the existing health legislation to require private sector providers and agents to submit annual financial reports and provide strategic data;
- Conduct annual ex-post internal audits of procurement to verify technical compliance, price competitiveness, contract administration and management and capacity of health procurement entities at the national and regional levels.

4.4.4 Implementation Arrangements

Responsibility for these strategic actions will fall to the office of the Permanent Secretary with technical support and coordination provided by the HP/EPMU.

The Health Financing Taskforce will provide a multi-stakeholder mechanism to support the development of the Health Financing Strategy and recommended modalities. This Taskforce will report to the Administration and Management Directorate (AMD) of the NHPC. The NHPC will make final policy recommendations to the Minister on health financing.

4.4.5 Performance Targets and Milestones

- Creation of the network of private, external and public stakeholders for health financing by end of 2013
- Creation and first meeting of Health Financing Taskforce by end of first quarter in 2014
- Completion of the costing of the Third Edition PPGHS and/or HealthVision2020 by the end of first quarter in 2014
- Development of a system of National Health Accounts by end of 2014 and implementation by the end of 2015
- Development of an electronic budgeting and expenditure management programme by the

end of 2014 and implementation by 2015.

- Quarterly meetings with MOF conducted by end of 2014 and years thereafter
- Health Financing Strategy completed by end 2014 (which details further targets and milestones including plans for review of NIS, amendments to legislation etc.)
- Reforms to link annual budget development with implementation of the *HealthVision2020* finalised by end of 2014 and implemented by end of 2015
- Creation and publication of the first Annual Health Financing Report by end of 2015 (used to track implementation of the Health Financing Strategy)

4.5 Strategic Information

4.5.1 Introduction

Health Vision 2020 recognizes that improved collection, coordination, collation, interpretation and dissemination of health information will enable its improved quality and utility. In addition, it will directly impact on the ability of MOH to fill information gaps, enhance resource efficiency, learning and effectiveness in planning and decision-making, expand coverage and access to quality healthcare and, ultimately, improve the functioning of the health system towards better health outcomes across the population.

4.5.2 Strategic Objectives in Strategic Information

- To establish systems, structures, policies, protocols, standards and capacities for improving evidence-based decision-making in the health system at all levels
- To promote a culture that values information as a national asset and a policy resource for improving planning, performance, accountability, and transparency in the health system

4.5.3 Strategic Interventions

4.5.3.1 *Establish systems, structures, policies, protocols, standards and capacities for improving evidence based decision-making in the health system at all levels*

- Establish a Strategic Information Unit (SIU) in 2013 and build its capacity to coordinate, manage, produce, utilize and report on strategic information.
 - Develop a strategic plan and policies for guiding its operations
 - Develop the roles and responsibilities of the SIU; establish linkages with related strategic information units (see Figure 4), other health system functions, and national data networks.

- Develop and implement other technical, organizational and behavioural interventions to execute the strategic actions contained herein and address the strategic objectives above.
- By end 2014, complete a comprehensive review of strategic information in the health sector with detailed action planning to address information gaps in health system and services.
- By 2015, strengthen and streamline reporting requirements and information flow between health facilities, regional health authorities and the national level.
- From 2014, develop health information policies and standards to address guidelines and protocols for data collection, reporting and use, data validation, confidentiality and security, management of electronic records, etc.
- Build and sustain robust, coordinated and relevant data systems to collect, produce, analyze and manage quality data, statistics, metrics and information for health.
 - Develop and implement capacity building initiatives in Statistics and Surveillance
 - Utilize a Data Quality Assessment Framework and tool to establish baseline and periodic measures of data quality along the dimensions of: i) assurance of integrity; ii) methodological soundness; iii) accuracy and reliability; iv) serviceability; v) accessibility and; vi) a set of identified pre-requisites for data quality.
- Establish and strengthen regional 'data management' hubs
 - Work with RDCs and RHAs to identify data needs for assessing health determinants and service provision
 - Deploy and consistently monitor implementation of information systems
 - Identify regional collaborators and provide the technical and administrative capacity to support development and implementation of SI interventions.
- Expand and sustain the health information technology infrastructure
- Access and develop annually updated Geographic Information System Maps for health facilities and services from 2014 onwards.
- From 2015, develop an electronic medical records registry and system to collect and maintain a record of the medical history of clients which can be shared across the referral network.
- In 2016, conduct formative research to explore the use of *mobile* health, and other e-initiatives in helping to extend universal coverage.
- Develop and strengthen linkages between IFMAS, GHIS, and HRH systems from 2014
- Develop a detailed M&E Plan based on the planning objectives and actions elaborated in the 2011 M&E Concept Paper
 - Establish the organizational structures and human resource capacities for M&E.

- Refine a core indicators list with well defined national and regional targets, disaggregated by socio-economic and demographic characteristics of the population.
- Revise and validate the IDEA programme level logical framework structure and indicators to align with Health Vision 2020 as a basis for the development of performance-based management systems within the Ministry.
- Execute an annual multi-sector National Health Review event to present review outputs to partners and stakeholders.
- Map all data sources and the timing of the availability of data and make available to all programmes to ensure accountability and predictability in the supply of information.
- Develop capacity for evaluation within the M&E unit and establish an evaluation plan that incorporates the evaluation of programme interventions and coordinates with externally funded evaluation activities for donor funded programmes.
- In 2013, in partnership with PAHO, coordinate efforts to develop a measure of ‘access to health care’ that can be used to track the progress towards UHC.
- Develop by 2016 MOH capacity for Health Research to improve the application of evidence-based approaches and the use of appropriate technologies in health services:
 - Establish a multi-stakeholder Commission on Health Research to, inter alia, coordinate, develop and prioritize a national health research agenda, mobilize resources to implement the agenda, ensure that research outputs are linked to and inform policy making and health planning, and facilitate knowledge management and dissemination of research findings and best practices.
 - Encourage and train health programme managers and national partners to develop research proposals for consideration by the Commission
 - Collaborate with the University of Guyana and other technical, consultative and academic partners to develop capacity and implement the national research agenda.

4.5.3.2 Promote a culture of information that values information as a national asset and a policy resource for improving planning, performance, accountability, transparency in the health system

- Through coordinated actions by the SIU, Health Promotions and Health Communications functions of the MOH, ensure that information is communicated to users in the format and language that is understandable, timely, and responsive to their needs, literacy and technical knowledge levels, cultural, language, and professional characteristics.
- Develop, by 2015, and establish, in 2016, a Knowledge Management function within the MOH to make policies, plans, strategies, reports, and other health information outputs accessible within and across the health sector, between partners in health, and with the public, and establish a documents management system within the Ministry.

- Develop, by 2015, data use sensitization plan for all levels of the Ministry staff and its implementation.

4.5.4 Implementation Arrangements

A detailed implementation plan for the strategic actions under this component will be developed by the Strategic Information Taskforce in 2013. The work of this Taskforce will then be transitioned to an established Strategic Information Unit by fiscal year 2014.

The Strategic Information Unit will lead the implementation of actions within this strategic component supported by the Planning Unit, the Statistics and Surveillance Units, the M&E Unit, technical programmes and regional health departments.

A Monitoring and Evaluation Unit will also be established within the Planning Unit by mid-2014.

4.5.5 Performance Targets and Milestones

- SI and M&E Units established and staffed within the revised organization structure of the Ministry of Health.
- Improved results on Health Metrics Network HIS Assessment compared with 2010 baseline.
- A *national set of indicators* with targets and reporting to inform annual health sector reviews and other planning cycles.
- Commission on Health Research established and functionally sustainable by 2016
- Electronic Document Management System established by end 2015.
- Continually improving data quality indicators based on the Data Quality Assessment Framework

4.6 Drugs and Medical Supplies

4.6.1 Introduction

Health Vision 2020 considers the equitable and timely access to affordable drugs and medical supplies as critical to the success of IHSDNs and the achievement of Guyana's health goals. Strategic actions will address the need for coordination, needs-based budgeting, improved records maintenance and use and enhanced capacity of pharmacists and other related HRH. Many of these actions cut across other strategic health system dimensions, notably health governance and service delivery.

4.6.2 Strategic Objectives in Drugs and Medical Supplies

- To improve the timeliness, accessibility and adequacy of the supply of essential, quality, safe, cost effective, scientifically sound drugs and medical products to health facilities in all the regions.

4.6.3 Strategic Interventions

- Review and update the Essential Drug list in 2015 and 2018 in line with revisions of the PPGHS.
- Monitor compliance with the Standard Treatment Guidelines to ensure rational use of medicines.
- Review and institute reforms to establish a robust Logistics Management Information System for Drugs and Medical Supplies
- Conduct a service provision assessment of the entire health system by 2015 including a comprehensive needs assessment to rationalize, and expand where appropriate, the drugs and medical supplies, transportation, communication equipment and tools, and other logistical support to health authorities in Regions 1, 7, 8, and 9 in accordance with the PPGHS.
- Develop a national pharmaceutical policy by 2013 consistent with the Caribbean Pharmaceutical Policy to establish a medicine regulatory framework and ensure access, equity and sustainability in the health sector.
- By 2014, transition and integrate the MMU into the Ministry's structure and sustain its staffing, financing and systems
- Implement policies and measures to strengthen the Procurement and Supplies Chain Management including:
 - Develop arrangements for pooled procurement through PAHO
 - Assess and address gaps in storage infrastructure in health facilities in Regions 1, 7, 8, and 9
 - Establish SOPs for medical supplies procurement, including those outside the essential medicines list, consistent with national procurement policies and guidelines
 - Develop and institutionalize the use of technical specifications to guide the procurement of drugs and medical supplies.

4.6.4 Performance Targets and Milestones

- Decreased share of health facilities reporting stock-outs in essential medicines by 2017
- Decreased share of health facilities reporting stock-outs in blood products by 2017

- National Pharmaceutical Policy in place by 2015
- Essentials Drugs List updated in line with the PPGHS in 2015 and 2018
- Essential Equipment and Medical Supplies List created by 2015 and updated in 2018, in line with the PPGHS
- Budgetary allocation to drugs and medical supplies sustained at sufficient level to supply defined needs.

4.6.5 Implementation Arrangements

Strategic actions under this component fall under the responsibility of the following units/ departments in the Ministry and therefore their coordination is particularly necessary through the Technical Health Directorate and the Administration and Management Directorate.

- The Food and Drug Department (FDD) which oversees and coordinates all quality control procedures between the MMU and the Drug Control Authority.
- The National Medicines and Therapeutics Committee (NMTC),
- Standards and Technical Department and the Inspectorate Department
- Regional Health Services
- The National Blood Bank

4.7 Service Delivery

4.7.1 Introduction

Health Vision 2020 will improve service delivery through the establishment of Integrated Health Service Delivery Networks (IHSDNs) as the foundation for renewing of primary health care in Guyana. IHSDNs will ensure continuity of care through coordination of service levels, rationalization of service facilities and infrastructure to prevent duplication and improve efficiency, improved accessibility of services and alignment to the needs of the population. IHSDNs also provide for a strategic response to core issues of fragmentation in availability and quality of services and makes room for collaborations across health providers in the public, private and foreign sectors³⁹.

The following strategic interventions follow a basic roadmap for the establishment of IHSDNs developed from the experience of other countries. Strategic actions to establish integrated networks address the four main domains of IHSDNs - i) Model of Care; ii) Governance and Strategy; iii) Organisation and Management and; iv) Financial Allocations and Incentives. In this strategic component, actions described below mainly target the first domain - Models of Care.

³⁹ PAHO Series, Renewing Primary Health Care in the Americas No.4 Integrated Health Service Delivery Networks Concepts, Policy Options and Road Map for Implementation in the Americas.

Supportive actions in the three domains are already addressed above within the other systems strengthening components of Health Vision 2020.

4.7.2 Strategic Objectives in Service Delivery

- To extend and strengthen the network of health care facilities to provide comprehensive, accessible, integrated and continuous people-centred health care services
- To improve the quality of health services through the implementation of strengthened quality assurance measures

4.7.3 Strategic Interventions

4.7.3.1 Extend and strengthen the network of health care facilities to provide comprehensive, integrated and continuous care services

- Define and implement the package of services, inclusive of prevention, promotion, treatment, care, rehabilitation and emergency services) outlined in the Third Edition PPGHS, 2013 - 2015 and reviewed and revised to include quality of care parameters for the Fourth Edition 2016 - 2020.
- By 2015, review the standards for maximum population to be served by a first-contact facility as well as clinical services facilities to ensure efficiency, equity and economies of scale as well as guaranteeing economic and geographic ease of access.
- Utilize the review outcome in 2016 as well as projected population changes to develop a three-year investment programme (2017 -2019) for IHSDNs in Guyana to address infrastructure gaps.
- Strengthen and enable Health Posts and Health Centres to provide preventive services through integrated networks with the public health community;
- Increase the diagnostic and curative capacity of the first level of care under the Fourth Edition PPGHS through integrated and timely access to basic laboratory and clinical support services guided by economic values, economies of scale and efficiency.
- Reorganize the delivery of Health Services to strengthen the PHC (multi-disciplinary) teams including through the incorporation of specialist teams on satellite visits.
- Accredite all facilities in the IHSDNs as well as complementary networks including through expanding the mandate and capacity of the Standards and Technical Services Department
- Reform the national referral system to coordinate patient-centred health care across the health service continuum including through measures as follows:
 - Strengthen the first level of care as the coordinator of care delivery
 - Review, strengthen and monitor the inter-institutional referral and counter referral guidelines and improve incentives for counter referrals.
 - Regulate access to specialists and hospital in-patient care

- Establish a single-patient medical record accessible across the IHSDNs within the strategic information system (see Section 4.5)
- Carry out hospital discharge audits across all hospitals in 2014, 2016, 2018 and 2020 to determine and monitor if care was provided at the most appropriate setting.
- Develop, standardize and establish models of care centred on the individual, their family and community, which also incorporate an intercultural, socially inclusive and gender-based approach.

4.7.3.2 Strategic Objective 2: Improve the quality of health services through the implementation of strengthened quality assurance measures

- Standardize supervision mechanisms, processes and tools for PHC and integrate vertical programmes to minimize duplication, transportation and staff costs associated with information collection, to ensure that all ministerial programmes are receiving the information needed for quality services and planning, and to extend supervision to all facilities.
- Include clinical assessments in supervision visits, in addition to the facilities and activity inspections that are currently being performed.
- Create and implement technical standards for hospitals and health centres.
- Introduce an accreditation and inspection process for public health facilities using the legislation for private health facilities as a model.
- Develop guidelines for donated medicine and the provision of philanthropic health services
- Build the technical capacity and resource base of the Inspectorate Unit of the Ministry of Health

4.7.4 Performance Targets and Milestones

- Health facilities per 10000 population in line with LAC by 2020
- Percent of population living within 5 km of a health facility increased to 95 percent by 2020
- Outpatient well visits per person of at least 2 per year by 2018
- Proportion of health facilities offering services as guaranteed (including quality benchmarks) under the PPGHS increased to 75 percent by 2015 and 90 percent by 2020
- IHSDNs mapped out by 2015
- Improved client satisfaction with health facilities by 2020.

4.7.5 Implementation Arrangements

Service delivery in the health sector is decentralized through the RDCs and the RHAs, with the former under the supervision of the MOLGRD. These bodies will need to establish working

mechanisms to realize the strategic interventions outlined above. Regional Democratic Councils and Regional Health Authorities will be responsible for the executive integrated management of the clinical, administrative and logistical support systems for the IHSDNs.

The Ministry of Health will play a policy-based regulatory role through the Regional Health Services to ensure that the policy and legal context is conducive and that there is continuous monitoring and evaluation of the system. Programme implementation will continue to be supervised and managed by the respective programmes being implemented in the region.

4.8 Developing Strategic Partnerships

4.8.1 Introduction

The Ministry recognizes that the challenges of reaching universal health coverage cannot be adequately addressed within the existing resource framework. Further, Health Vision 2020 stresses the need to address non-health determinants of health in the social, communal, environmental and economic spheres of life. Partners represent a potential for broadening the resource envelope, extending the influence and reach of health promotions and other services and strategically addressing gaps in access and coverage which contribute to the social exclusion of certain population groups. Strategic partnering can provide access to expanded skills, resources, technologies and methodologies, and also promote innovation in the pursuit of health goals. Working with partners and interest groups, including in other sectors, will serve to improve national health literacy and advance advocacy for pro-health reforms, behaviour and policy change, and promote sustainable human development. The private sector can fill health care gaps by investing in infrastructure and human resource capacity, especially in information and communications technology; educating the public; devising innovative financing and pricing models; and even providing affordable services directly.

Health Vision 2020 reflects on the strengths and influences of various types of partners, and sets out a path for identifying instruments and modalities that can promote effective, mutually satisfying partnerships. New approaches, non-traditional partners and innovative mechanisms will be sought out and encouraged.

4.8.2 Principles of Partnerships in Health

Partnerships are formally defined as voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and

responsibilities, resources and benefits⁴⁰. The development of strategic partnerships in health is guided by the principles of Health Vision 2020 described in Chapter 3. In addition to these, the following are identified as specific to partnerships.

- **Ownership** stipulates that success is better facilitated where those that benefit and those that implement share the vision, strategies and responsibilities for outcomes.
- **Mutual respect, transparency and accountability** stipulates that all policies, strategies, programmes, actions and approaches reflect respect for the centrality of individuals and their communities, and inspire trust through transparency in management and implementation. In turn, individuals, communities and their advocates must adhere to processes and systems that equally respect the mandates of the Government.
- **Complementariness and cost-effectiveness** stipulates that partnerships build on each partner's comparative advantages so that the work of each complements the other's contributions. Effective partnerships are synergistic, evidence-informed and create efficiencies of scale and cost.
- **Strategic and results-based** partnerships are dependent on shared objectives, and focused on clear desired outcomes.

4.8.3 Strategic Objectives in Strategic Partnerships

- To establish, build and sustain the institutional capacity of the Ministry of Health for fostering robust partnerships for health
- To enable and strengthen the national capacity for inter-sectoral coordination and action in health
- To empower individuals and communities to be proactive with regard to their own health and the health of their families
- To develop capacity within civil society to deliver critical, complementary services, address determinants of health and reduce health inequalities
- To establish an incentive framework to stimulate private sector participation in providing affordable, quality health services particularly in specialist fields and for hard-to-reach populations.
- To partner with donor, technical and bilateral development partners to expand the access, availability and affordability of health financing, technical knowledge and research products and expertise.

⁴⁰ UNAIDS Guidance Note 2011

4.8.4 Strategic Interventions

4.8.4.1 Establish, build and sustain the institutional capacity for fostering robust partnerships for health

- By mid-2014 establish the Office of Strategic Partnerships within the MOH to plan, coordinate, manage, monitor and evaluate strategic collaborations and partnerships
- From 2015, conduct an annual partnership conference event to showcase the work of partners and strengthen partnerships, train and build capacity for advocacy, highlight success stories and impact in the implementation of Health Vision 2020, develop policies and planning, and highlight and disseminate new research and contributions to the evidence base.
- Develop and expand the existing Health Sector Stakeholder registry, including through conducting a mapping exercise on roles, mandate, resources and spheres of influences and so establish a robust database on partners as a subset of the registry
- From 2014, establish mechanisms to enable regular dialogue, communications and consultations

4.8.4.2 Enable and strengthen the capacity for inter-sectoral coordination and action

- By end 2014, establish a technical Inter-ministerial Committee on Health to meet twice annually within the context of a pre-agreed terms of reference, agenda and objectives.
- Ensure robust policy engagement with other sectors through the Cabinet Sub-Committee on Health and on Local Government
- From 2015, conduct Health Impact Assessment (HIA) as a tool for engaging all of Government and measuring the impact of non-health policies on health and health policies in non-health sectors.
- Reconstitute the Health Thematic Group in 2014 to coordinate new programmes and projects in health and those with health implications in non-health sectors.
- Engage non-health sectors to ensure healthy public policies are developed.
- Empower individuals and communities to be proactive with regard to their own health.
- Establish mechanisms and forums for facilitating feedback from the community including health service clients and other stakeholders.
- Design and implement a Client Satisfaction Survey Plan at every public health facility
- Review and expand the membership of Health Committees to ensure representation from the key stakeholder groups in the caption communities
- Enable community members to participate in planning, monitoring and evaluations of health services in their communities through provision of training, toolkits and participation opportunities.

- Finalise and implement the Patient Charter of Health rights and establish legal and institutional mechanisms to safeguard these rights.
- Train community workers to be first responders in emergencies and violence
- Initiate health promotion strategies including the development of Volunteer Corps through coalitions between communities and schools to promote health literacy and social/environmental health.
- Develop a user-friendly PPGHS that informs the public of the services offered.

4.8.4.3 Develop capacity within civil society to deliver critical, complementary services, address determinants of health and reduce health inequalities

- Develop and disseminate a Health Actions Toolkit to raise awareness, engage and guide civil society and community organizations in supporting the realization of Health Vision 2020.
- Establish partnership mechanisms with community-based NGOs and FBOs to provide home-based chronic care and support inter-sectoral responses in the face of gender-based violence and violence against children and the elderly.
- Establish a grant mechanism to provide financial assistance to CBOs in implementing proposals in support of Health Vision 2020.
- Support and enable the functioning of forums that give voice to civil society including National Commissions and regional Health Management Committees, and facilitate their participation in relevant NHPC discussions.
- Provide opportunities for civil society organizations partnering in health to benefit from national and external training.

4.8.4.4 Establish an incentive framework to stimulate private sector participation in the provision of quality health services

- Review the current policy and regulatory framework and establish an appropriate and supportive framework, including standard guidelines, and operational procedures for the fostering and managing of public-private partnerships in health
- Review the Ministry's organizational and functional structure to identify services that can be outsourced to the private sector for reasons of efficiency and effectiveness.
- Develop and implement an incentives framework to encourage private service providers to extend services to vulnerable populations or establish services in interior and underserved rural locations.
- Facilitate international agreements between external firms in the health sector to partner with local counterparts.
- Facilitate joint programming and implementation between private companies, civil society organizations and donor/technical partners.

4.8.4.5 Partner with donor, technical and bilateral development partners to expand the access, availability and affordability of health financing, technical knowledge and research products and expertise.

- Work with the Ministry of Foreign Affairs and foreign counterparts to strengthen partnerships with neighbouring countries such that combined resources can be leveraged to address the health needs of border populations and increase port health control.
- Develop and implement a health Sector-Wide Approach (SWAP) in Guyana to establish a collaborative approach to supporting Guyana's health development goals and a joint programme of work, with established structures and processes for negotiating policy, strategic and management issues, and jointly agreed milestones and targets for reviewing sector performance.
- In collaboration with the Ministry of Foreign Affairs, explore and develop new opportunities for skills exchange programmes with bilateral partners

4.8.5 Implementation Arrangements

The Ministry of Health will establish an Office of Strategic Partnerships within the secretariat of the Minister of Health. This Office will be responsible for implementing the strategic actions for partnerships within Health Vision 2020 and will be accountable for realizing the objectives and targets therein. Responsibilities of this office will include: fostering relations with stakeholders and formalizing partnerships and collaborations, monitoring and evaluation, communications and dissemination of reports on results, initiating and managing consultations, grant management, and coordination of capacity building.

Regional Health Management Committees (HMCs) play a critical role in strengthening the voice of communities in the development and review of health services and outcomes. This role is mandated through the RHA Act and the Ministry of Health Act and will continue to be upheld and supported in Health Vision 2020.

4.8.6 Performance Targets and Milestones

- A number of new PPPs, agreements and MOUs in place by 2015, 2017, and 2020
- Improved quality of partnerships based on Partnership Assessment tool in 2015 and 2018
- Regular meetings of partnership-based committees
- All health-related National Commissions functioning by 2018.
- Regional Health Management Committee functioning in a sustainable manner by 2015

5 ADDRESSING SERVICE PRIORITIES FOR IMPROVED HEALTH OUTCOMES

5.1 Overview

The service priorities for Health Vision 2020 address the main disease burdens and public health issues in Guyana and represent a continuation of the strategic focus on communicable diseases, nutrition and health literacy; a more intense approach to reducing morbidity and mortality due to accidents, injuries, disabilities, mental health, chronic non-communicable diseases, and family health; and a new strategic shift to environmental health and addressing health throughout the human life course.

5.2 Promoting Health throughout the Human Life Course (HHLC)

5.2.1 Introduction

Health Vision 2020 advocates an intergenerational approach that recognizes that biological, behavioural and psychosocial factors operate across an individual’s life course, as well as across generations, to influence the development of diseases, health and well-being. Health behaviours and attitudes can be inculcated from a young age, leading to improved choices, health literacy and enhanced health outcomes as the population ages.

The HHLC approach provides the foundation for prioritizing and targeting clinical preventative family health services and health promotion strategies while ensuring a continuum of health care coverage and access for all populations. It supports the establishment and strengthening of primary health care-based health system through the emphasis on families and communities, integration of public and personal services, and emphasizing health prevention and promotion. It also allows for the strategic integration of services, combining medical and non-medical settings while ensuring interventions are evidence-based, responsive to the population needs, address social determinants and promote social inclusion.

The human life stages defined in Table 3 are broadly based on definitions used by the United Nations and WHO.

Table 3: Human Life Course Stages

	Life Stage	Age
1	Infants and small children	0 - 4 years
3	Older Children and Early Adolescent	5 - 14

4	Middle Adolescent	15 - 18
5	Late Adolescents and Youth	19 - 24
6	Adults	25 - 44
7	Older Adults	45 - 59
8	Elderly	60+

The life stages defined in Table 3 are grouped into four major age groups in Health Vision 2020.

Healthy Infants and Small Children (0 - 4 years)

The Ministry's National Strategic Plan for the Reduction of Maternal and Neonatal Mortality (RMNM) 2011-2020 addresses health of infants and small children. The Plan targets the reduced mortality of infants and small children in line with the MDG target for 2015. Table 4 illustrates the main causes of death of children under 5 years in Guyana.

Health services targeting this life stage address the needs for clean and safe environments, prevention and quick responsiveness to child abuse, violence and injuries, good nutrition, growth monitoring and screening for sight, hearing and neurological defects, immunization and oral health, and early childhood development.

Healthy Older Children, Adolescents and Youths (5 - 24 years)

The life courses of children and youths, including the three stages of adolescence, cover the age ranges from 5 years to 24 years. The adolescent age group is most likely the healthiest in the population and this life stage is an opportune time for building health literacy, attitudes and behaviours that will lead to healthy life choices and sustain health throughout the life course.

Similarly to smaller children, health services targeting this life stage will also address the needs for clean and safe environments, good nutrition, growth monitoring and immunization and oral health. However, in addition, services will include psychosocial support for appropriate identity formation, mental and social well-being, coordination and partnering with education providers for channelling health literacy in line with education literacy in reading, writing and numeracy, and services to prevent and reduce risky behaviours and respond to behavioural disorders, physical activity and sports development. Middle to late adolescents and youths also need targeted programmes to address mental health, substance abuse prevention, sexual and reproductive health, and the development of life coping skills.

Healthy Adults (25-59 years)

Within the adult life stage, the critical focus is on reducing risk factors, morbidity and mortality associated with NCDs, promoting reproductive health and healthy aging. The MDG Acceleration Framework (MAF) and accompanying Country Action Plan targets the acceleration of interventions to reduce maternal mortality and improve health services for women.

Table 4: 2010: Top 5 Causes of Death in Guyana by Age Group

Rank	AGE GROUP						
	UNDER 1	1-4	5-14	15-24	25-44	45-54	65+
1	Respiratory Disorders Perinatal Period	Accidental Drowning and Submersion	Neoplasms	Intentional Self-Harm (Suicide)	HIV Disease (AIDS)	Ischemic Heart Diseases	Cerebrovascular Diseases
2	Congenital Malformations	Neoplasms	Accidental Drowning and Submersion	Assault (Homicide)	Intentional Self-Harm (Suicide)	Cerebrovascular Diseases	Ischemic Heart Diseases
3	Intestinal Infectious Diseases	Acute Respiratory Infections	Intentional Self Harm (Suicide)	Land Transport Accidents	Assault (Homicide)	Neoplasms	Diabetes Mellitus
4	Bacterial Sepsis of Newborn	Intestinal Infectious Diseases	Land Transport Accidents	Event of Un-determined Intent	Land Neoplasms	Diabetes Mellitus	Neoplasms
5	Accidental Threats to Breathing	Nutritional Deficiencies & Anaemia	Congenital Malformations	HIV Disease (AIDS)	Tuberculosis	Hyper-tensive Diseases	Hyper-tensive Diseases

Healthy Elderly (60+ years)

As life expectancy in Guyana extends to 70 years, the population classified as elderly will continue to expand rapidly. The focus of the health system is to ensure that this group grows older successfully; stays healthier for longer; have reduced disabilities, accidents and injuries; and have access to quality health care services.

5.2.2 Overarching Strategic Objectives

Health Vision 2020 proposes a realignment of health services to ensure enhanced coverage of the Guyanese population across the human life course, aimed at the promotion of prevention and wellness through the primary health care approach.

To that end, Health Vision 2020 will address the following eight strategic objectives:

- To promote healthy families and communities
- To improve maternal, neonatal and perinatal health
- To improve infant and child mortality
- To promote the well-being, resilience and healthy development of children and youth
- To promote healthy aging through improving the accessibility and quality of supportive services for the elderly
- To strengthen rehabilitation services and integrate health care for the disabled and persons living with health conditions
- To improve access and quality of care for at-risk, vulnerable or marginalised populations
- To mainstream gender and human rights and promote equity in health planning and the delivery of quality health services

5.2.3 Strategic Interventions

5.2.3.1 *Promote healthy families and communities*

- Establish appropriate programmatic and management structures using HP strategies within the MOH to integrate and coordinate Family Health Services.
 - Review the policies and regulatory framework for the provision of family health services and amend or establish facilitative regulations, policies, standards and protocols.
 - Integrate and establish within the Primary Health Care Program, the organization structure, human resource capacities and required infrastructure for Family Health, Adolescent Health and Healthy Aging
- Expand Family Wellness Centres within polyclinics across all regions:
 - Evaluate existing models to identify lessons learned and replicable practices, and develop a comprehensive plan for improving family health services;
 - Increase health investment and expenditures to scale up facilities and resources (financing, human resources and materials) in underserved rural and interior locations in Regions 1, 7, 8, and 9.
 - Ensure that health workers are re-oriented and trained in providing pro-active preventative care to individuals and families during wellness visits or visits to address a specified complaint.
- Identify and provide essential screening, monitoring and integrated management of conditions and risk factors that reduces health including oral, optical, hearing, sexual and reproductive health services
 - Utilize evidence-based approaches to identify and deliver essential screening by life stage

- Define and develop Standard Treatment Guidelines to ensure coverage of essential screening services by life stage during a wellness visit.
- Improve oral health by promoting oral health and preventing, appropriately treating, monitoring and evaluating oral diseases.
- Establish systems and human resource capabilities for early diagnosis of diseases, learning disorders and psychosocial problems in collaboration with communities and education authorities.
- Develop collaborative Early Childhood Development Policy and implement through inter-sectoral actions and partnerships with education providers, communities and other technical partners.
- Develop the customer services orientation in service delivery including in improved accessibility and responsiveness to the needs of the disabled, men and families.
 - Collaborate with the National Commission on Disability to assess the accessibility and responsiveness of health facilities and services to the health needs of the disabled and to develop strategies, programmes and plans to address deficiencies and improve the qualities of these across all health facilities in Guyana.
 - Collaborate with community and stakeholder organizations to develop promotional interventions to encourage the use of Family Wellness Centres by men.
 - Develop and implement specific customer services training and orientation programmes targeting health workers
- Strengthen facilities and capacities to promote sexual and reproductive health:
 - Develop strategy including behaviour change measures to reduce the prevalence and incidence of STIs targeting the life stages.
 - Implement a comprehensive programme to promote family planning practices targeting the increased prevalence of contraception use.
 - Develop the evidence base for designing targeted interventions by identifying the risk base and enabling societal and environmental factors
 - Provide screening for STIs based on risk analysis
 - Provide health education and promotion interventions to increase knowledge and change behaviours and attitudes
 - Ensure that sexual and reproductive health services are enabled to address the need of the disabled.
- Engage and support capacity building in NGOs, FBOs and other CSOs and community organizations in developing and implementing interventions

5.2.3.2 Improve the quality of services throughout the health system for better maternal and perinatal health outcomes.

The overarching goal for maternal and infant health is to reduce morbidity and mortality equitably across Guyana. The following strategic actions are drawn from the Strategic Plan for RMNM, 2013 - 2020.

- Develop evidence-based interventions, policies, guidelines and clinical audit tools for pregnancy, childbirth and postpartum care and implement at all levels of the health service delivery system.
- Promote early entry into primary care, education, and coordinated services for pregnant women.
- Ensure the availability of, and accessibility to, basic and comprehensive Obstetric and Emergency care in the regional and national hospitals and that at least two hospitals are Comprehensive Obstetric facilities capable of performing all seven signal functions of obstetric care
- Build capacity for improved quality of care at every level of the health service delivery including through provision of appropriate screening during routine antenatal care and compliance with treatment guidelines through proper monitoring, audit and supervision for obstetric and paediatric care.
- Strengthen the quantity and quality of the skilled health workforce in maternal and infant health:
 - Update the midwifery curriculum and implement safe motherhood refresher programmes to augment training.
 - Provide intensive training in emergency obstetric care with special emphasis on the two main causes of death: postpartum haemorrhage and pregnancy-induced hypertension;
 - Define and fill requirements to ensure adequate numbers of obstetric consultants, midwives and anaesthetic staff;
 - Strengthen and sustain the residency programme in obstetrics and paediatrics.
 - Recruit and place 10 OB/GYN specialists throughout the public health system for a period of 4 years⁴¹
- Establish a post-basic OB/GYN-focused training for nurses at GPHC in order to complement the Residency Programme already in place, and to provide doctors with the necessary clinical support for quality maternal healthcare.

⁴¹ EU-supported MDG Initiative in the MAF.

- Develop and implement improved interventions to detect and address complications from high-risk pregnancy, namely through collaborating with the Food and Nutrition programme to address iron deficiency anaemia prevalence.
- Collaborate with National AIDS Programme to reduce mother to child HIV transmission and reduce the incidence of congenital syphilis.

5.2.3.3 Reduce infant and child morbidity and mortality

- Address capacity constraints and fully implement Integrated Management of Childhood Illnesses (IMCI) nationally
- Develop and sustain health promotion and education interventions to promote exclusive breastfeeding and child care
- Implement vaccination of children from birth according to the national schedule (EPI)
- Develop a comprehensive plan for growth monitoring that addresses physical as well as psychosocial development
 - Train health personnel to utilize the new WHO growth charts
 - Incorporate stimulation exercises in growth monitoring visits
 - Train parents and care providers to utilize stimulation exercises and provide appropriate nutritional support
- Enable improved services access and utilization through:
 - Increase wellness monitoring visits of at-risks populations;
 - Mapping and tracking of at-risk populations;
 - Provision of logistical support to enable at least one wellness visit per family per year;
 - Equipping CHWs with communication and transportation resources as appropriate.
- Promote clean and safe environments for children
 - Collaborate with community, education and other partners to review, amend as applicable and enforce regulations to ensure safe schools, recreational and care facilities and road and water travel for children.
 - Collaborate with the MOE and MLHSSS to establish and enforce regulations to ensure quality standards of care in the operation of day-care and early childhood development services.

5.2.3.4 Promote the Wellbeing, Resilience and Healthy Development of Children, Adolescents, and Youth

5.2.3.4.1 Encourage healthy behaviours, physical and psychosocial development among children and youth

- Establish partnerships with the MOE and the MLHSSS to enhance the school health curriculum including the provision of counselling and guidance services.

- Evaluate the Health and Family Life Education (HFLE) Programme and work with inter-sectoral, community and external partners to implement an enhanced programme in schools
- Provide comprehensive health services through Family Health Services for identity formation, growth monitoring, disease prevention and early detection of developmental disabilities in children and adolescents.
- Support parenting education programmes through working with civil society and inter-sectoral partners to develop protective and enabling factors for child and adolescent health
- Collaborate with non-health sectors, communities and other partners to develop and implement interventions in schools to promote a healthy environment and healthy lifestyles, food and nutrition, family and community health services.

5.2.3.4.2 Reduce mortality due to preventable diseases, risk factors, violence and injuries among adolescents and youth

- Ensure implementation of Integrated Management of Adolescent Health (IMAH) nationally
- Advocate for, and support, the re-introduction of physical education in schools
- Provide supportive services to counteract the prevalence of mental health disorders and substance abuse
- Identify and implement evidence-based strategies in collaboration with schools and community partners to reduce exposure, build resilience, and lessen the negative impact of violence and trauma on children, families, and communities.

5.2.3.4.3 Promote adolescent sexual and reproductive health

- Develop quality, accessible and age-appropriate sexual and reproductive health services and equip and train health providers, educators and community leaders to deliver as appropriate to their role.
- Expand youth-friendly facilities, designate clinic days and implement in-school health days
- Collaborate with MOE, NGOs, schools and communities to develop and implement health promotion and supportive programmes to prevent teen pregnancies, provide supportive services for adolescent mothers, and reduce the prevalence of STIs and sexual risky behaviours among adolescents and youth.

5.2.3.5 *Promote Healthy Aging*

- Establish and coordinate the functional and institutional structure(s) within the MOH and across other sectors for integrated health care services for the elderly.

- Develop targeted evidence-based interventions to address the special needs of the aged and elderly including in mitigating the life quality impact of hypertension and other chronic diseases, degenerative joint diseases, accidents and injuries.
- Build partnerships that leverage public and private resources to enhance home- and community-based services and supports for older adults, persons with disabilities and their caregivers.
- Work with the MOLHSS to establish One-Stop service facilities for the elderly that will allow them to receive multiple social services in one visit, namely receiving pensions, paying bills, and health screenings and check-ups.
- Work with NGOs and community groups in developing and implementing social programmes and psychosocial support services for the elderly.
- Collaborate with the private sector to provide and extend targeted discounts for health services to the elderly; increase the supply of beds in care homes and palliative care services.
- Collaborate with health care providers to reduce the financial and logistical burden on the elderly seeking care including through the minimization of waiting times and improved integration and coordination of services at Level 1 facilities.

5.2.3.6 Strengthen rehabilitation services and integrate health care for the disabled and persons living with conditions

The Persons with Disabilities Bill 2009 calls for greater awareness of and responsiveness to the causal and risk factors of disabilities, including chronic diseases, violence and accidents. In response, the MOH's National Rehabilitation Services Strategy 2009 - 2013 outlines a comprehensive plan of action to ensure that preventable disabilities are reduced and all persons with disabilities are receiving equitable and high quality services that enable them to function as equal citizens. Priority components address the strengthening of the rehabilitative services, notably in human resources, information systems and institutional capacity for planning, monitoring and evaluation. In addition the strategy sought to integrate rehabilitation services into the primary health care system with an emphasis on prevention and promotion.

Key strategic actions addressed in the Rehabilitation Services Strategic Plan include:

- Develop capacity, through provision of training and equipment to health workers to enable early screening of at-risk neonatals and perinatals⁴²
- Support improved post-accident responsiveness and care

⁴² Children at higher risk include those that were not breastfed; were nutritionally deficient and had limited opportunities for early learning stimulation. The Lancet Vol 374, 2009, Child disability screening, nutrition, and early learning in 18 countries with low and middle incomes: data from the third round of UNICEF's Multiple Indicator Cluster Survey (2005–06)

- Advocate for discrimination-free environments and equal opportunities
- Advocate for the promotion of safe environments particularly for children and the disabled.
- Develop community-based rehabilitation strategic interventions
- Establish and facilitate the functioning of the National Commission on Disabilities

5.2.3.7 Improving Access and Quality of Care for At-Risk, Vulnerable or Marginalised Populations

Section 3.7.1.1 above describes the populations recognized within Health Vision 2020 as being at-risk or vulnerable and requiring improved health coverage and access. Strategic actions to achieve this objective are as follows.

- Develop the evidence base on marginalized populations by disaggregating existing health indicators to capture variations by gender, age and geography and thereby close existing information gaps on such groups.
- Develop and maintain health services through medical outreach and satellite services to peripheral and vulnerable populations to improve and sustain access
- Implement health screening, monitoring and tracking programmes for migrant population
- Develop and implement frontier health initiatives for populations on Guyana-Suriname, Guyana-Brazil and Guyana-Venezuela border regions
- Develop MOUs with mining and forestry companies to support health access for their workers

5.2.3.8 Mainstream gender and human rights and promote equity in health planning and the delivery of quality health services

Strategic actions to address this objective will be streamlined into the various strategic components, in particularly through the management and distribution of resources in the health system.

- Develop and expand the capabilities of M&E and surveillance systems to collect data disaggregated by risk factors including demographic, social, economic and disability status.
- Review and rationalize the distribution of health resources, particularly health workers, financing, drugs and medical supplies to ensure adequate, equitable and responsive distribution nationally.

5.2.4 Implementation Arrangements

Overall responsibility for this strategic component will be assigned to the Family Health Programme within the Primary Health Care programme of the Ministry of Health.

5.2.5 Performance Targets and Milestones

- Healthy Families and Communities
 - Increased life expectancy
 - Increased share of households in community with one wellness visit per year
 - Increased percentage of health facilities offering family planning services
 - Improvements in attitudes and behaviours
 - Increased percentage of population with satisfactory oral health practices
 - Increased contraception prevalence
- Improved maternal, neonatal and perinatal health
 - Reduced maternal mortality
 - Increased percentage of pregnant women seen by a health professional at 12 weeks
 - Increased percentage of deliveries by trained/skilled personnel.
 - Increased percentage of infants put to the breast within 1 hour of birth unless contraindicated.
 - Increased percentage of high-risk pregnancies delivered in a hospital.
- Improved infant and child health
 - Reduced infant mortality
 - Reduced child (under 5) mortality
 - Increased percentage of children registered at health clinics within 2 weeks of age.
 - Increased percentage of children under one year with at least 8 visits to the health clinic.
 - Reduced incidence of diarrheal and respiratory diseases in children under 5 years.
 - Increased percentage of children exclusively breastfed for 6 months unless contraindicated
 - Increase percentage of children under 5 years who had a least 8 visits to the health clinic.
 - Reduced prevalence of severe under-nutrition (malnutrition) in children under 5
 - Improved immunization coverage
- Increased well-being, resilience and healthy development of children and youth
 - Reduced morbidity and mortality
 - Increased share of schools implementing health and sexual education programmes.
 - Reduced teen pregnancy rate
 - Share of health facilities with Youth Friendly certification in line with target
- Healthier aging
 - Increased share of elderly in communities mapped and with access to a Level 1 facility

- Increased share of elderly persons expressing satisfaction with health services
- Strengthened and integrated rehabilitation services for the disabled and persons living with conditions
 - Increased share of clients expressing satisfaction with health services
 - Increased share of patients recovered to adequate functional living standards
- Improved access and quality of care for at-risk, vulnerable or marginalised populations
 - Reduce deviation between national and disaggregated system and service indicators
 - All health programmes have specific plans for mainstreaming gender and human rights and promoting equity in health planning and the delivery of quality health services

5.3 Non-Communicable Diseases

5.3.1 Introduction

Health Vision 2020 identifies the need to strategically respond to the disease burdens of three categories of non-communicable diseases: (1) Chronic diseases; (2) Accidents, injuries and violence and; (3) Mental health.

5.3.2 Chronic Diseases

In recognition of the growing epidemiological threat of NCDs, Guyana is working with Caribbean partners on a framework for policies and programmes including government ministries, the private sector, civil society, the media, non-governmental organizations (NGOs), academia and the community, designed to address the four major risk factors for chronic diseases - unhealthy diets, tobacco use, physical inactivity and the harmful use of alcohol. Guyana also supports the 2011 UN High Level Meeting commitment to address issues of risk factors for NCDs and the prevention, control and management of NCDs as well as the 2012 World Health Assembly resolution targeting a 25% global reduction in premature mortality due to NCDs by 2025.

Risk factors for chronic diseases can be divided into physiological, behavioural or lifestyle, social and environmental influences. Most of the behavioural and lifestyle factors are amenable to modification through education and sensitization. Health Vision 2020 emphasises the role of strategic partners, the WHO 2008-2012 Global Action Plan and non-health sector participation and policies to effectively address NCDs.

The Ministry's Strategic Plan 2013 - 2020 for the Integrated Prevention and Control of Non-Communicable Diseases in Guyana was developed in line with the global commitments and best practices and key actions are summarized below.

5.3.2.1 Strategic Objectives in Chronic Non-Communicable Diseases

- To reduce modifiable risk factors for chronic NCDs and improve national health literacy
- To reduce premature mortality from the four major chronic diseases
- To ensure and promote the development and implementation of effective, integrated, sustainable, and evidence-based public policies on chronic disease, their risk factors and determinants.

5.3.2.2 Strategic Interventions

5.3.2.2.1 Reduce modifiable risk factors and improve national health literacy

- Expand community-based prevention programmes to help improve the health and quality of life of individuals at risk for chronic diseases and conditions
- Utilise the life course perspective and health promotions approach to identify risk factors and health determinants, promote the adoption of healthy dietary habits, active lifestyles, and the control of obesity and nutrition-related chronic diseases
- Incorporate services to address risk factors at Level 1 facilities and Family Wellness Centres within the PPGHS
- Collaborate with strategic partners at the community, civil society, private sector, and globally to develop, finance and implement health promotion and communications campaigns nationally, in work spaces, schools and the entertainment spheres.

5.3.2.2.2 To reduce premature mortality from the four major diseases (Heart diseases, Cancers, Diabetes and Cerebrovascular Diseases) in line with the 25 by 2025 targets set by WHO

- Expand community-based programmes to help improve the health and quality of life of individuals with chronic diseases and conditions including supportive services for self management
- Implement the Chronic Care Model within the Primary Health Care system to address training, standardized treatments, holistic client management and improved infrastructure, facilities and service quality.
- Identify and implement the package of essential medicines, diagnostics and screening for NCDs within the PPGHS from 2016 and improve their accessibility across the country
- Provide advanced and specialty clinical care, including through the establishment of a Specialty Hospital, development of public-private partnerships in advanced diagnostic and treatment service, and development an Advanced Medicines Access List.

5.3.2.2.3 To ensure and promote the development and implementation of effective, integrated, sustainable, and evidence-based public policies on chronic disease, their risk factors and determinants.

- Advocate for the development of public policies, guidelines, institutional changes, communication strategies, and research on chronic diseases, risk factors and determinants across all relevant spheres of public policy.
- Establish and strengthen the capacity of the National Commission on NCDs
- Support the tabling and passage of legislation to discourage risky behaviours, improve the nutritional content of foods, and institutionalize positive incentives that encourage healthy choices.
- Develop the capacity for chronic diseases' surveillance including the on-going, systematic collection, review and analysis of data utilizing the PAHO Stepwise Approach to Risk Factors Surveillance and established protocols and tools to enable health facilities and sentinel sites to support surveillance activities and results.
- Develop capacity for research on NCDs, their risk factors and determinants through designating a research agenda within the Global Health Research agenda (see Section 4.5), and providing opportunities for capacity building through partnerships with technical and academic partners.

5.3.2.3 Implementation Arrangements

The responsibility for implementation of the Strategic Plan on NCDs will be addressed by the Chronic Diseases sub-programme within Programme 2 (Disease Control) in line with the strategic targets and timelines as well as the policies and terms of reference of the soon-to-be-established National Commission. The Commission would develop multi-sector policies and work plans that facilitate wider stakeholder participation and accountability in strategies to address NCDs.

5.3.2.4 Performance Targets and Milestones

- Reduced mortality and morbidity in the four main chronic diseases
- Reduced prevalence of tobacco use among adults and youth
- Reduced prevalence of hypertension
- Reduced prevalence of obesity among adults and children
- Decline in share of children under 5 who are stunted and underweight
- Decline in share of live births that record low birth weight
- Increased frequency of condom use at last high-risk sex (15-24 age group)
- Increased share of chronic patients with satisfactory self/client management reports

5.3.3 Accidents, Injuries and Violence

5.3.3.1 Introduction

While accidents are unintentional, violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. Both accidents and violence can result in injury, death, psychological harm, mal-development, or other deprivation. Accidents may result from occupational practices, road and vehicular use, and unsafe physical environments. The incidence of violence in Guyana is most often gender-based, primarily in domestic contexts, and directed against women, children and the elderly.

5.3.3.2 Strategic Objectives

- To reduce the prevalence of gender-based violence, child abuse and neglect
- To reduce mortality and mitigate the long term physical and psychological consequences of violence, accidents and injuries

5.3.3.3 Strategic Interventions

5.3.3.3.1 Reduce the prevalence of, and prevent morbidity and mortality due to, gender-based violence, child abuse and neglect

- Support the development of an inter-sectoral strategic response to gender-based violence based on the principle of gender equality and the social value of women's empowerment in collaboration with the MLHSS, MOHA, MOE, national commissions and interest groups.
- Develop the health support services for legal actions against violence by defining SOPs for responding in collaboration with law enforcement authorities.
- Ensure that health workers are trained in clinical management of survivors of rape and provided with relevant equipment for evidence collection.
- Partner with community groups, non-governmental organizations, private corporations and the media in the development and implementation of anti-violence campaigns and initiatives, including strengthening the capabilities and support services available to families in need.

5.3.3.3.2 Reduce mortality and mitigate the long term physical and psychological consequences due to violence, accidents and injuries

- Establish a robust, responsive and effective emergency ambulatory service
 - Develop new national Emergency Medical Services (inclusive of an Ambulance Authority to oversee services, training, communication, and the referral system).
 - Establish fully functional Accident and Emergency Units (24/7) and trauma centres at strategic hospitals.

- Use Geographical Information Systems to map the area served by each ambulance and coordinate with health facilities to develop and expand coverage on the population in emergency situations.
- Develop and implement specialized training programme for emergency medical technicians.
- Develop inter-sectoral actions to build on health promotion and public education programmes on accident, injury and violence prevention including suicide and self-harm prevention.
- Collaborate with the MOHA and other partners to develop and implement a National Plan in the context of the UN Decade of Action on Road Safety.
- Increase service responsiveness to post-crash emergencies and longer term rehabilitation for crash victims⁴³.
- Develop HRH capacities in trauma care
- Develop and implement national accident, injury and violence surveillance system

5.3.3.4 Implementation Arrangements

Health Vision 2020 will be implemented by the Government of Guyana mainly through the Ministry of Health along with other key ministries, private sector health partners and other stakeholders including CSOs. Implementation will be done in two main phases:

- Phase I - the rollout period to the end of 2015 when the focus will be on the achievement of the MDG targets and impacts
- Phase II - the post-2015 period and the achievement of the new Sustainable Development Goals to be defined by the United Nations and the global community.

Implementation plans for each of these periods in accordance with the budget directives will be prepared by the Ministry of Health, the Regional Health Departments of Regions 1 - 10 and the Georgetown Public Hospital Corporation for presentation to the National Assembly by the Ministry of Finance. Additionally, the Ministry of Health will continue to work with its regional and international collaborators and donor partners in ensuring technical cooperation in support of Health Vision 2020. The Ministry of Health will ensure that all of society, including the beneficiaries, is involved in the implementation of the strategy.

5.3.3.5 Performance Targets and Milestones

- Defined SOPs and manuals developed for clinical management of victims of violence and rape.
- National Emergency Medical Services established by 2016

⁴³ UN Decade of Action Pillar 5

- Trauma Centre established in each regional hospital and GPHC
- National Strategic Plan on Road Safety developed by 2016 and implemented by 2020
- Reduced number of land transport accident fatalities
- Reduced number of alcohol-related fatalities as a share of total road fatalities
- Enactment of legal provisions on safety features for road travel including child restraints.

5.3.4 Mental Health

5.3.4.1 Introduction

Mental health problems and mental illnesses are major causes of disability, diminished quality of life, and reduced productivity among the people of our country. Persons living with mental health problems and mental health illnesses experience poor general health, a higher share of the disease burden of the country and higher rates of death from a range of causes, including suicide and substance abuse. Persons suffering chronic conditions also are often caught in a vicious circle of mental health issues, including depression and substance abuse, which were initially brought on by difficulties in coping with their diseases. Mental health issues also reflect non-biological determinants and are often rooted in social, cultural and economic factors. All ages of the population are at risk for mental health issues and responsive strategic interventions can be designed through the life course approach and addressed within the context of Family Health services described in Section 5.2 above.

5.3.4.2 Strategic Objectives in Mental Health

- To establish an integrated and rights-based mental health system
- To improve the quality and responsiveness of the mental health services

5.3.4.3 Strategic Actions

5.3.4.3.1 Establish an integrated and rights-based mental health system

- Revise and update the policy and institutional framework for addressing mental health issues in Guyana.
- Establish a Mental Health Department within the Ministry of Health, responsible for the development, implementation, M&E, planning, standard setting, training and budget input.
- Establish the National Mental Health Oversight Committee
- Ensure the inclusion of a comprehensive range of equitably accessible mental health services within the PPGHS
- Develop and embed appropriate, needs-defined, complementary, competencies-based mental health training components into existing health and appropriate non-health professional education curriculum.

- Train health care providers at all levels of the public and private health care system to ensure appropriate level of mental health literacy and competencies to recognize and provide mental health services which are appropriate to their role and function within the health care system
- Develop and implement a national mental health awareness (mental health literacy) plan, mental health promotion and anti-stigma and anti-discrimination programmes
- Establish mental health surveillance system

5.3.4.3.2 Improve the range, quality, appropriateness and responsiveness of mental health services

- Develop and implement a National Mental Health Strategy for 2013 - 2020
- Develop and implement a National Suicide Prevention Strategy in collaboration with stakeholders within the public sector and civil society
- Build community and individual resilience and skills to recognise and cope with risk factors for behavioural and mental health disorders
- Provide an appropriate comprehensive range of therapeutic hospital and community-based treatments with a focus on the rehabilitation and recovery from mental illness and distress.
- Engage community-based organizations to develop and implement community-based mental health services
- Advocate for, and facilitate the de-institutionalization (custodial) of, mental health care
- Build national multi-sector, public sector/civil society capacity to develop and implement needs-based, coordinated alcohol and substance abuse prevention and rehabilitation programmes
- Build capacity within the police force, education officials and community leaders to recognise and respond to the signs of mental disorders and trauma
- Establish a National Counselling Helpline which provides 24/7 access to a counselling professional.

5.3.4.4 *Implementation Arrangements*

The implementation of strategic actions in mental health will be the responsibility of the Mental Health sub-programme within the Ministry of Health's Disease Control program.

5.3.4.5 *Performance Targets and Milestones*

- Approved Mental Health policies and strategies in place
- Increased availability of specialty trained health professional
- Increased availability of counselling services
- Reduced mortality rates due to mental health disorders (including suicides)
- Reduced prevalence of mental health disorders

- Improved client management reports.

5.4 Communicable Diseases

5.4.1 Introduction

Treatment, care and support services to combat communicable diseases will be further integrated into the health and social services offered by government and non-government providers. The Ministry of Health will sustain its concerted efforts to curtail these diseases based on strategic planning in the following priority programmes:

- National Tuberculosis Programme
- National HIV/AIDS Programme
- Malaria and other Vector-Borne Diseases Control Programme
- Neglected Diseases Control Programme

5.4.2 Strategic Objectives

- To reduce the prevalence of and mortality due to tuberculosis
- To reduce the spread of HIV and improving the quality of life of PLHIV
- To reduce and eliminate the transmission of malaria in affected populations in Guyana, leading to reduced morbidity and improved quality of life for people in the affected communities.
- To reduce the prevalence of and morbidity from outbreaks of vector-borne diseases

5.4.3 Strategic Actions to Address Communicable Diseases

5.4.3.1 *Reduce the prevalence of and mortality due to tuberculosis*

The Ministry of Health's strategic plan to achieve this objective is elaborated in the National Tuberculosis Strategic Plan, 2013 - 2020 which provides details of the following strategic interventions.

- Expand and enhance DOTS
- Increase TB case detection of all forms of TB
- Strengthen supervision and the M&E system at all levels
- Address TB/HIV, MDR-TB service needs, especially among poor and vulnerable populations
- Strengthen TB/HIV collaborative activities
- Address the needs of high-risk groups: prisoners, indigents, socially disadvantaged, substance abusers, homeless, TB/HIV co-infected, migrants and diabetics, including through increased case detection and the scale up of public-private mixed services.

- Engage and educate communities and care providers and develop strategic alliances with academic, private and community organizations.

5.4.3.2 Reduce the spread of HIV and improving the quality of life of PLHIV

The National HIV Strategic Plan for 2013 - 2020 envisions the elimination of HIV in Guyana by 2020. The goal of HIVision 2020, as it is termed, is to reduce the social and economic impact of HIV and AIDS on individuals and communities and ultimately the development of the country, through reducing the spread of HIV and improving the quality of life of PLHIV. The strategy adheres to the Universal “Three Ones” Principles: One Coordinating Mechanism, One National Strategic Plan and One Monitoring and Evaluation Plan.

- Ensure a coordinated multi-sector response, including through support to key line ministries in developing their sector responses; strategic engagement of all partners; a sustainable approach to HIV financing; and sustained support to existing, and formation of new, coalitions.
- Eradicate the spread of HIV through increased access to condoms and lubricants; facilitating an enabling social, economic, legal and institutional environment; expansion of established service programmes; targeted interventions to priority at-risk groups and their communities; and implementation of behaviour change interventions to reduce stigma, discrimination and the risk for HIV infections, and to increase their protective factors.
- Provide improved treatment, care and support services, including simplified high-quality treatment; improved treatment and care delivery; improved effectiveness of supply chain management; strengthened health information system; strengthened capacity of laboratory services; universal and timely access to quality ARV therapy; measures to address adherence, loss to follow up and drop rates; development of policies, plans and guidance to address the special needs of adolescents, migrants, the ageing HIV population and key populations at higher risk; expanded integrated chronic care services within the HIV management; expanded access to support services; decreased opportunistic infections; and integrated actions to reduce TB/HIV co-morbidity and mortality.
- Integrate the planning and coordination of HIV responses within the national health system with other national PHC and public health programmes
- Strengthen HIV/AIDS surveillance and M&E Systems, and research towards the improved quality and use of strategic information for decision-making.

5.4.3.3 Reduce and eliminate the transmission of malaria in affected populations in Guyana, leading to improved quality of life for the affected communities.

The National Malaria Control Programme aims to provide a structured framework for addressing the disease in Guyana through strengthened leadership and system management, harmonization of funding and technical support, strengthened surveillance and strategic information systems and broad stakeholder involvement and participation. The Programme is currently developing its strategic plan for 2013 - 2020 on the heels of the conclusion of the 2008 - 2012 strategic plan. The new strategy will continue to target the reduced prevalence of, and morbidity from, malaria in Guyana through promotion, prevention and treatment interventions to the affected populations and will maintain the strategic focus as below.

- Develop the national capacity to implement and coordinate a multi-sector, multi-stakeholder response against malaria.
- Review the vector and malaria control policy and revise to reflect the decentralization of these services and their integration into primary health care services.
- Develop regional, district and community response plans.
- Reduce risk and vulnerability to malaria infection through empowering citizens in the use of IEC, preventive technologies, such as LLINs, IRS and other environmental and biological tools, to interrupt transmission of malaria and other mosquito-borne illnesses.
- Develop and implement public education interventions to mobilize community support and volunteerism in case detection, prevention measures, diagnosis and treatment
- Provide all citizens in affected areas with early diagnosis and treatment services
- Develop a strong surveillance capacity at the national, regional and community levels and an effective monitoring and evaluation system
- Build strong, harmonized, effective partnerships with other sectors and international and technical partners, mining associations and companies to mobilize technical, logistical and financial resources and improve coordination with other sector plans and programmes

5.4.3.4 To reduce the burden of neglected diseases and eliminate transmission of the target group of diseases

Apart from Malaria, HIV/AIDS and TB, communicable diseases which remain of epidemiological interest in Guyana are the neglected diseases such as dengue, lymphatic filariasis (LF), leishmaniasis, food and water borne diseases, sexually transmitted diseases, soil transmitted diseases and zoonoses. Many of these diseases are identified by the World Health Organization for elimination and most of the others can be controlled to reduce suffering. Currently, Guyana is committed to eliminating lymphatic filariasis by 2020 and to reduce and control the

transmission of soil transmitted helminths, vector transmitted diseases such as dengue, leishmaniasis, Chagas Disease, other food and water borne diseases, sexually transmitted diseases and zoonoses.

The elimination of lymphatic filariasis focuses on two strategic pillars inclusive of:

- 1) The reduction of suffering from lymphatic filariasis, especially in those with lymphedema and hydroceal; and
- 2) The interruption of transmission of the filarial parasite.

In 2001 a Serological Mapping of LF prevalence in Guyana done jointly with PAHO/WHO found that 9.5% of all school-aged children sampled were infected with the filarial worms, with more than 20% of children in Georgetown, New Amsterdam and Region 5 infected. The study found that LF transmission was prevalent in six of the 10 regions in Guyana and two others had pockets of transmission.

A national morbidity control programme was launched in 2001 with centres established in all affected regions to provide care for persons with lymphedema. Georgetown Public Hospital and all the regional hospitals were prepared and commenced surgical management of hydroceal resulting in a reduction in the number of persons with this condition by 80% by 2010.

The first phase of the interruption programme based on the production and mass distribution of DEC-fortified table salt to the population at risk was launched in 2003. At the end of the first phase in 2007 more than 600 tons of DEC-salt had been imported and distributed across the targeted regions and the overall prevalence was reduced in regions 2 and 6 to under 1%.

Phase two, Mass Drug Administration (MDA), commenced in 2008 with door-to-door distribution of DEC and Albendazol to all persons in the affected areas. At the end of 2012, Regions 4, 5 and 6 (covering about 70% of the target population) were treated. The implementation of this strategy will continue with expansion to regions 3, 10 and parts of 2 and 7.

Prevention of sexually transmitted diseases is addressed within Sexual and Reproductive Health Strategies in Section 5.2, while the prevention of water and food borne diseases is addressed in Sections 5.5 and 5.6 on environmental health and food safety respectively.

The following strategic actions targeting the control of selected neglected diseases emerged from the Guyana Vector Control Needs Assessment Report conducted as part of the Amazon Malaria Initiative program.

- Develop a unified vector control information management and reporting system that is adequately resourced at the regional levels and integrated into a national surveillance and monitoring system and enable the effective sharing of information among all stakeholders
- Sustain the implementation of tools for prevention:
 - Procure and distribute insecticide-based tools such as Long Lasting Insecticidal Nets (LLINs) and indoor residual spraying;
 - Ensure that affected locations are equipped with the requisite infrastructure, equipment and human resources;
 - Establish a monitoring and evaluation plan to assess the effectiveness of tools;
- Develop and establish a framework with a costed implementation plan to enable systemic surveillance and collection of entomological data, and clarify modalities for its management and utilization.
- Explore and develop strategic partnerships with community organizations and NGOs to strengthen community mobilization efforts including through working with schools in the community and expand the role of CHWs to support public education and community mobilization efforts.
- Develop governance and human resource capacity:
 - Streamline the roles and responsibilities of Vector Control services at the Ministry in line with reforms of the ministry's organizational and governance structure and the strengthening of the Ministry's stewardship and leadership functions;
 - Establish clear policies, rules and regulations for coordinating and regulating the actions of all stakeholders and partners;
 - Assess human resource needs and develop a plan for addressing these needs and developing the capacity of this resource including in management, surveillance, monitoring and evaluation systems.

5.4.3.5 Implementation Arrangements

The Disease Control Programme has responsibility for the coordination of responses to address communicable diseases.

5.4.3.6 Performance Targets

- Reduce the prevalence of and mortality from tuberculosis
- Reduce the prevalence of and mortality from HIV and improve the quality of life of PLHIV
- Reduce the transmission of, and morbidity and mortality due to, malaria and other vector borne diseases

5.5 Environmental Health

5.5.1 Introduction

In Guyana, environmental health concerns arise through resource extraction activities, solid waste and sanitation management, management of water resources and access to quality drinking water, climate change and vulnerabilities to manmade and natural disasters. Environmental health factors also impact directly on a number of MDGs including the population with access to improved water sources and sanitation, the prevalence of communicable diseases and children with poor nutrition statuses.

Climate change can impact health through its impact on the seasonality of infectious and vector-borne diseases, extreme weather and natural disasters and the resultant quality of water, land and air resources. Children and poorer populations, who are more likely to be affected by poor nutrition and depressed immune systems and to live in poor sanitary conditions, carry a disproportionate burden of the resultant diseases including diarrhoea, lower respiratory infections, various forms of unintentional injuries, malaria and other communicable diseases.

In developing responsive strategic actions within Health Vision 2020, green approaches to health evidenced in international experience and the LCDS are incorporated, in addition to recent reforms in the policy framework for solid waste management and the environment. Health Vision 2020 is cognizant of the still-existing gaps in the legislative framework, and the need to build capacity for collaborating across agencies and sectors and advocating at national and sub-national levels for healthy environments.

5.5.2 Strategic Objectives in Environmental Health

- To promote health-supportive environments
- To ensure preparedness and improved responsiveness to mitigate the health impacts of disasters and environmental health crisis.

5.5.3 Strategic Actions

5.5.3.1 Promote Health-Supportive Environments

- Implement environmentally sound practices in energy use at health facilities.
- Expand the medical waste management systems.
- Develop effective mechanisms for linkages between agencies to facilitate coordinated inter-sectoral actions and seamless transition between jurisdictions and agencies with responsibilities in environmental issues
- Develop and implement an evidence-based advocacy agenda for:

- Improved quality of environmental health infrastructure and services nationally including water and sanitation services
- Improved enforcement of public health standards
- Improved national literacy on environmental health issues
- Enable communities' and schools' involvement in the development, implementation and monitoring of environmental health plans, particularly in vulnerable communities affected by resource extraction activities or poverty.
- Collaborate with private sector, donor and technical partners to support strategic environmental health research.

5.5.3.2 Ensure preparedness and improved responsiveness to mitigate the health impacts of disasters and environmental health crisis.

- Develop capacities and pro-actively address public health concerns and mitigation measures for pandemic and epidemic diseases in national and sub-national disaster risk reduction and emergency management plans.
- Establish, in consultation with stakeholders, sound multi-sector plans for preparing for and responding to environmental health challenges and crises.
- Conduct a coordinated multi-sector and multi-stakeholder national health emergency response exercise at least every two years.
- Conduct or update a multi-hazard health emergency risk assessment at least every two years.

5.5.4 Implementation Arrangements

The Ministry of Health's Environmental Health Unit will coordinate and implement this strategic component.

5.5.5 Performance Targets

- Increased percentage of population with access to improved sanitation
- Increased percentage of population with access to improved water sources
- Increased percentage of primary and secondary schools with safe water source within 0.5 km radius of the school
- Increased percentage of schools with a pupil per latrine ratio of 40:1 or lower
- Increase proportion of regions with epidemic preparedness plans to 100%.
- Advocacy and promotion tools developed and disseminated
- Reduced prevalence of gastrointestinal diseases
- Reduced prevalence of lung and chest diseases

5.6 Food Security and Nutrition

5.6.1 Introduction

Guyana's National Nutrition Strategy, 2011 - 2015, seeks to improve the nutritional status of Guyanese by building on and harmonizing the work of agencies across multiple sectors. Strategic interventions will contribute to a comprehensive and coordinated approach that addresses not only the availability of healthy food but also the underlying determinants of nutritional status, including poverty, cultural practices, education and other social and economic factors, at each major stage of the life course. To this end, the strategy includes both long-term approaches aimed at improving food security, and short-term measures to provide nutrition education, micronutrient supplementation and improved care for pregnant women and children. The post-2015 agenda will consolidate and expand on results achieved to 2015 and integrate nutrition services into family health services within the HHLC described in Section 5.2.

5.6.2 Strategic Objectives in Food Security and Nutrition

The Guyana National Nutrition Strategy, 2011 - 2015, addresses the following strategic objectives:

- To strengthen the policy, planning and resource framework for improved nutrition in Guyana
- To improve the adequacy, diversity and quality of diet
- To reduce the prevalence of malnutrition and associated morbidity and mortality in all its forms.

5.6.3 Strategic Actions

5.6.3.1 *Strengthen the policy, planning and resource framework for improved nutrition in Guyana*

- Strengthen the existing policy and planning framework and tools for nutrition and food security
 - Develop and institute legislation and statutory instruments to support food fortification and imports and manufacturing of quality food
 - Develop a national nutrition policy
 - Develop Anaemia Protocol
 - Establish National Food Safety Committee to promote a multi-sector, multi-agency approach to food security and nutrition issues.

- Develop effective mechanisms for multi-party collaboration on integrated programmes using the health promotion approach
- Build human resource capacity to implement and deliver nutrition services
- Establish and strengthen capacities for strategic information and evidence-based planning
 - Strengthen the Food and Nutrition Surveillance System (FNSS) and integrate in the Guyana.
 - Expand the Nursery School Sentinel Site Surveillance System identify and highlight the evolution and projected trends towards a nutritional and health emergency as related to food crisis (with specific emphasis on targeting specific population groups).
 - Develop a programme for periodic nutrition surveys and studies
 - Strengthen institutional capacity to monitor and assess nutritional content of foods and fortified foods
 - Monitor and evaluate the nutritional and related health status of population groups sampled to assess poverty, health conditions, environmental and other health determinants.

5.6.3.2 To improve the adequacy, diversity and quality of diet

- Collaborate with community organizations, MOA and other stakeholders to improve community-level food security and nutrition enhancement.
- Collaborate with MOA and advocate for citizens to grow and buy locally available foods.
- Establish mechanisms to test manufactured and imported foods on the domestic market to ensure compliance with food quality standards and the required fortification.
- Build capacity for modern food inspection methodologies and updated analytical procedures.
- Develop nutritional promotional material and programmes to improve public awareness and literacy on nutritional content and choices.

5.6.3.3 Reduce the prevalence of malnutrition and associated morbidity and mortality in all its forms

- Incorporate targeted nutritional interventions through the life stages (see Section 5.2) and promote Food-Based Dietary Guidelines for Guyana
 - Expand and promote optimal nutrition for children between 6 and 24 months and over 24 months
 - In collaboration with the MOE, promote good nutritional practices among school-aged children and adolescents in order to sustain proper cognitive, mental and physical development and learning capacity.

- Develop and implement nutrition interventions targeting pregnant and lactating women and implement measures to reduce the incidence of anaemia
- Develop and implement a “Healthy Heart Initiative” for chronic diseases.
- Adapt and implement the chronic care nutrition module using a multi-disciplinary approach for persons living with HIV, TB, diabetes, hypertension, obesity and renal diseases and increase their access to information

5.6.4 Implementation Arrangements

The Food and Nutrition Unit will coordinate and implement this strategic component in collaboration with Health Promotion and Education, Health Communications, Family Health Services and Disease Control programmes.

5.6.5 Performance Measures

- Improved disaggregated population nutritional measures.
- Improved child survival rates
- Reduced prevalence of children underweight/overweight
- Reduced prevalence of children suffering from severe/moderate malnutrition
- Reduced prevalence of anaemia in pregnant women
- Reduced prevalence of nutrition-modifiable risk factors for chronic diseases

5.7 Health Promotion

5.7.1 Introduction

The demand for improving health requires that health literacy, health education and health promotion cuts across all services and health determinants within Health Vision 2020. Health Literacy is a critical public health service based on the principal that the population must be informed, facilitated and coached to health and wellness in the best possible ways. This empowerment of individuals and communities is a key rationale for having a comprehensive and targeted programme on health education, literacy and health information. Health Vision 2020 envisages a comprehensive and broad-based approach to planning and implementation of all interventions using the Caribbean Health Promotion Charter (CHPC) as a framework.

Health Vision 2020 promotes:

- A harmonized, systemic approach that addresses the determinants of health, through inter-sectoral action to achieve healthy public policy and by facilitating the active role of the

public in using health knowledge to make choices conducive to health and to increase control over their own health

- Health education and communication interventions that are informed by formative research which will identify the opportunities and challenges that could help and hinder the achievement of the strategic objectives and facilitate the use of the most effective, media, methodologies and channels
- Shared responsibility for health through community action by people and strengthened public participation.

5.7.2 Definitions

Health Literacy refers to people's ability to access and understand basic health information and health systems, and to use such information and systems in ways that are health-enhancing and support action on health. Health Literacy is a critical public health service based on the principle that the population must be informed, motivated and provided with skills to gain access to, understand and use information in ways which promote and maintain health and wellness.

Health Education aims to influence not only individual lifestyle decisions, but also increases the depth of knowledge and raises awareness of the determinants of health, and encourages individual and collective actions which may lead to a modification of these determinants.

Health Information, in the context of health promotion, is a two-way channel that provides citizens with the opportunity to feed back into the design, planning and evaluation of health programmes and policies.

Health Communication is "a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, or sustain a behaviour, practice or policy that will ultimately improve health outcomes."⁴⁴ **Strategic Health Communication** refers to the systematic, creative, and ethical use of all of Guyana's communication assets in a participatory manner to define, design, implement, monitor, and evaluate interventions to promote the goals of Health Vision 2020.

Health Promotion is an approach which "combines diverse, but complementary, methods including communication, education, legislation, fiscal measures, organizational change,

⁴⁴ Schiavo, R. 2007, Health Communication from Theory to Practice; p. 7

community development, etc., to address health issues”. It is the process of enabling people to increase control over, and to improve, their health. Health Promotion “represents a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future”⁴⁵.

5.7.3 Strategic Objectives

- To position Health Vision 2020 on the public agenda through advocacy and the provision of current, accessible and actionable information using all available communication assets.
- To institute health promotion as a vehicle for planning in the health sector to ensure that all the determinants of health are considered and addressed in a holistic manner and to improve health literacy and decision-making.
- To engender supportive environments that facilitate communication by using architecture, images, and language which is patient-friendly and reflects the community and its values

5.7.4 Strategic Actions

5.7.4.1 Position Health Vision 2020 on the public policy agenda

- Develop Healthy Public Policy through working within the education, environmental, social, and economic sectors in the implementation of Health Vision 2020
- Foster public participation, community action, strategic alliances and partnerships (see Section 4.8)
- Develop advocacy tools and methodologies

5.7.4.2 Institute and integrate Health Promotion within Health Services

- Establish and institutionalize a competent health promotions function within the Ministry of Health:
 - Develop a Health Promotion and Education Strategy with Detailed Implementation, Monitoring and Evaluation Plans
 - Address, inter alia, research and use of health information, the design and implementation of communication plans, media relations, risk communications, crisis management, coordination of programmatic health promotion plans, inter-sectoral coordination and management of citizen consultations.
 - Support programme managers through the provision of relevant information and research related to the determinant factors that are likely to help or hinder achievement of programme goals,

⁴⁵ Kickbush 1986, Health Promotion. A global perspective; Journal of Canadian Public Health.

- Oversee the provision of information and coordinate activities geared at improving the health literacy of the population and facilitate the implementation of a communication programme that keeps Health Vision 2020 on the public agenda and garners support for its continued implementation.
- Ensure Health Promotion mechanisms are reflected in all programme plans and serve as a mediating strategy in MOH-wide work plans to ensure that there are clear links to health determinants and goals.

5.7.4.3 Engender supportive environments

- Develop a Health Communication Policy that facilitates individuals' and their communities' search for, access to and use of health information.
- Foster citizen consultations as a strategic mechanism to build capacity for advocacy and give voice to citizens in national health issues.
- Develop health education, literacy and skills development to empower individuals and health workers.
- Utilize strategic partnerships to improve capacity for research and evaluations to add knowledge on best practices, health determinants and impact of health interventions (see Sections 4.5).
- Develop social marketing of health policies, measures and interventions to promote behaviour changes and foster optimum national health.

5.7.5 Implementation Arrangements

The Ministry will establish a Health Promotion and Education Taskforce to coordinate the development of a strategy which will address, inter alia, planning towards the establishment of health communication, promotion and education function within the Ministry. These functions will be established in a strengthened Health Promotion and Education Unit within the Ministry by end-2014.

5.7.6 Performance Targets and Milestones

- Health Promotions and Education Strategy developed
- Develop a sufficient number of promotional materials/campaigns by target
- Improved national and disaggregated health literacy measures
- Reduced prevalence of risk factors
- Increased number and effectiveness of inter-sectoral actions in planning and managing care and services.

6 PLANNING FOR IMPLEMENTATION

6.1 Overview

Health Vision 2020 sets out clear strategic directives to equip leaders in the sector; motivate managers; mobilize responsible programmes, department and providers; and provides them with the tools and resources to implement.

This Chapter supports the planning effort for implementing Health Vision 2020. It identifies the risks to implementation by making explicit the assumptions incorporated in the development of the strategy as well as the ongoing challenges which have impeded previous health planning efforts. It highlights the measures embedded in the strategy to address these risks, drawing from lessons learnt in the implementation of the NHSS. The Chapter then summarizes the implementation arrangements with regard to roles and responsibilities and presents an approach to action planning including for the monitoring and evaluation of the strategy. The Chapter concludes by highlighting change management and communication measures to motivate and galvanize implementation of Health Vision 2020.

6.2 Strategic Risks and Mitigation Measures

6.2.1 Political Commitment to Health Vision 2020

Guyana, as a lower middle income country, has pressing economic and social issues constantly vying for fiscal space. In addition, the policy environment is affected by Guyana's commitment to support international responses to development, environmental and global challenges. In this regard, there is currently significant momentum for meeting the MDGs by 2015. Health Vision 2020 incorporates the MDG 2015 Goals and the expectation that the post-MDG agenda will shift to include non-communicable diseases and the achievement of universal health coverage.

At the national level, there have been clearly articulated political commitments to these health goals, including improving maternal, infant and child health and reducing communicable diseases in line with the MDGs 2015, addressing chronic diseases, mobilizing health financing and achieving universal coverage. While the reality of available fiscal and external resources and competing national and global policy commitments in other sectors can diminish the potency of this resolve, Health Vision 2020 presents a credible strategic path to ensuring that finances and resources in support of the strategy will produce value-for money. In addition, the strategy emphasizes the role of the Ministry of Health as steward in developing, enforcing, and promoting healthy public policy and inter-sectoral actions, thereby building the coalition for health that will support the realization of Health Vision 2020.

6.2.2 Economic and fiscal capabilities

Even with a commitment to sustaining the current level of health spending in Guyana, the demands of universal coverage through the expansion and deepening of quality services and increased capacities in the health system will require expanded financial inflows. Health Vision 2020 incorporates an approach to strategic partnerships that recognises that the Ministry of Health cannot address these challenges alone. Community and civil society organizations provide additional human resources that are closer to target populations and better positioned to design and deliver responsive services. Private, for-profit companies can likewise play a role in developing innovative channels for reaching target groups, delivering specialized clinical services and supporting investments in health infrastructure and ICT. Donor and technical partners can support the extension of technical and specialized knowledge and build capacity in the system for research and evaluations to support evidence-based planning. The Health Financing Strategy will also provide a comprehensive way forward to expanding and sustaining the required levels of health financing in support of Health Vision 2020.

6.2.3 Absorptive System Capacities

Health Vision 2020 addresses major obstacles in the health system and in service delivery and responsiveness. The strategy will test the ability of the system to change and learn and implementation will be tempered by the pace at which these can take place.

Health Vision 2020 addresses the role of the health worker in significant ways and proposes extensive additional training in order to build capacity for new approaches. The effectiveness of intervention planning is also dependent on improved quality and integration of information flowing out of individual programmes and health facilities. Implementation will be impacted by the pace at which bureaucratic, governance and organizational obstacles can be addressed including through reforms in the policy and regulatory framework and the establishment of a functional, supportive organizational structure at the MOH.

These systems challenges are directly addressed in Health Vision 2020 through the prioritization of systems strengthening actions in the period 2013 - 2015. During this time it is expected that capacities will be boosted particularly in strategic information, health financing, human resource development and health governance. This will allow for the scaling up and expansion of interventions and services in the subsequent years. While the risk of inadequate absorptive capacities remains, the extended strategic period provides more room for learning, evaluations and the execution of corrective measures.

6.2.4 Insufficient Stakeholder Buy-in at the Policy, Health Worker, Community and Client Levels

Health Vision 2020 presents a collaborative approach to health planning and health services delivery that draws in clients, other sectors, communities, donor and technical partners, health providers and workers in supporting the realization of improved health outcomes in Guyana. This is a critical cross-cutting approach, since, as noted before, the success of the strategy heavily depends on the realization of sound inter-sectoral actions and strategic partnerships. Therefore, although such collaborations and partnerships mitigate other risks to the strategy described above, this approach is itself risky. Failure to realize buy-in could stymie progress and strengthen adherence to the status quo models of health management and service provision. On the other hand, sufficient time needs to be provided for accommodating stakeholder participation, including in the development of legislation and policy. This can necessarily delay expected completion dates for these actions and implementation of linked actions.

Health Vision 2020 addresses this risk by bolstering resources targeted to building and sustaining sound partnerships including through the creation of an Office of Strategic Partnerships and the development of a communications strategy. Measures to strengthen the leadership capacity of the Ministry will also directly mitigate this as well as the other risks described in this section.

6.2.5 Natural or Manmade Disaster

Guyana faces the constant risk of a flood disaster, as was realized in 2005 and 2006. In addition, increased resource extraction activities in recent years have increased the risk of environmental disaster through the improper disposal of chemical and other industrial waste and the contamination of water and land resources. A disaster can result in the diversion of scarce human, financial and logistical resources to the detriment of ongoing programme objectives. Health Vision 2020 incorporates actions that will mitigate this risk through strengthening planning capacities for preventing and responding to disasters at the national, regional and community levels.

6.3 Implementation Oversight and Responsibilities

The sections on implementation arrangements in each strategic component of Health Vision 2020 highlighted that although an issue area will have a strategic leader, which is normally the department or programme that is institutionally mandated to address the issue, in all cases there is need for close collaboration with other programmes or units that may share responsibility for discrete actions. The Implementation Matrix in Appendix II also highlights the

potential partners outside the Ministry of Health in each strategic area highlighting the need for shared responsibility, joint planning and coordinated actions.

Figure 7 provides an illustration of the governance and management coordination for Health Vision 2020, the elements of which are described below.

6.3.1 Strategic and Policy Direction

National Health Policy Committee (NHPC)

The NHPC will provide oversight to the implementation of Health Vision 2020, sustaining the role initially envisioned under NHSS. The NHPC will be chaired by the Minister of Health and will meet at least every other month.

The NHPC will have key responsibilities as follows.

- Commission and review Concept Papers as part of ongoing discussions on policy issues in health leading to the finalization of recommendations for policy decision-making.
- Summarize final policy recommendations and prepare for Ministerial or Cabinet approval as applicable.
- Drive and coordinate
- The cross-cutting system elements of the Health Vision 2020, notably the development of capacity in strategic information, strategic partnerships and human resources for health, materials and supply chain management. This responsibility will be carried out through review and approval of recommendations and action plans submitted by the Programmes or Technical Working Groups and validated through the AMD and the THD.
- Validate and approve the revised Ministry organogram
- Oversee the development or strengthening of key functions in support of Health Vision 2020 including the Family Health Program, the Health Promotion and Education Program, the Planning Unit and the Monitoring and Evaluation Unit.

6.3.2 Technical and Operational Direction

Administration and Management Directorate

The AMD, chaired by the Permanent Secretary or the Deputy Permanent Secretary in his absence, will oversee and coordinate the execution of strategic actions with specific focus on the logistical, administrative and resource management implications of Health Vision 2020.

Technical Health Directorate

The Technical Health Directorate, chaired by the Chief Medical Officer, will provide technical validation to action plans, and review the outcomes of technical and evaluation reports with a view to distilling the base for evidence required for policy decision-making which in turn would be reported to the NHPC.

Procurement Planning and Management Committee

The Procurement Planning and Management Committee will exist to provide oversight to the procurement cycle, establish and recommend measures for enforcing standards, monitor and evaluate the quality of the procurement process and its outcomes, and make recommendations for reforms to improve efficiency to the AMD.

Technical Working Groups

While Technical Working Groups may be established by the Ministry to address specific strategic issues, the following TWGs are explicit in Health Vision 2020:

- *Human Resources Transition Team*

This is an inter-sectoral team with representation from the MOLGRD, PSM, GPHC, AND professional associations. It will be chaired by the Permanent Secretary or a Senior Designate and will function during 2013 to establish the Human Resources Department by 2014, including defining its scope and mandate and making recommendations on appointments of key staff within that function.

- *Strategic Information Taskforce*

The SI TWG will function during 2013 to oversee the development of plans to establish the SI unit by 2014 and implement strategic actions under Health Vision 2013.

- *Health Financing Taskforce*

The Health Financing Taskforce will review recommendations of the Health Financing Review in 2013 and guide the development of a Health Financing (HF) Strategy in 2014. This technical working group will continue to function in 2014 and 2015 to support the policy discussion process towards reforms in health financing in line with the recommendations of the HF Strategy.

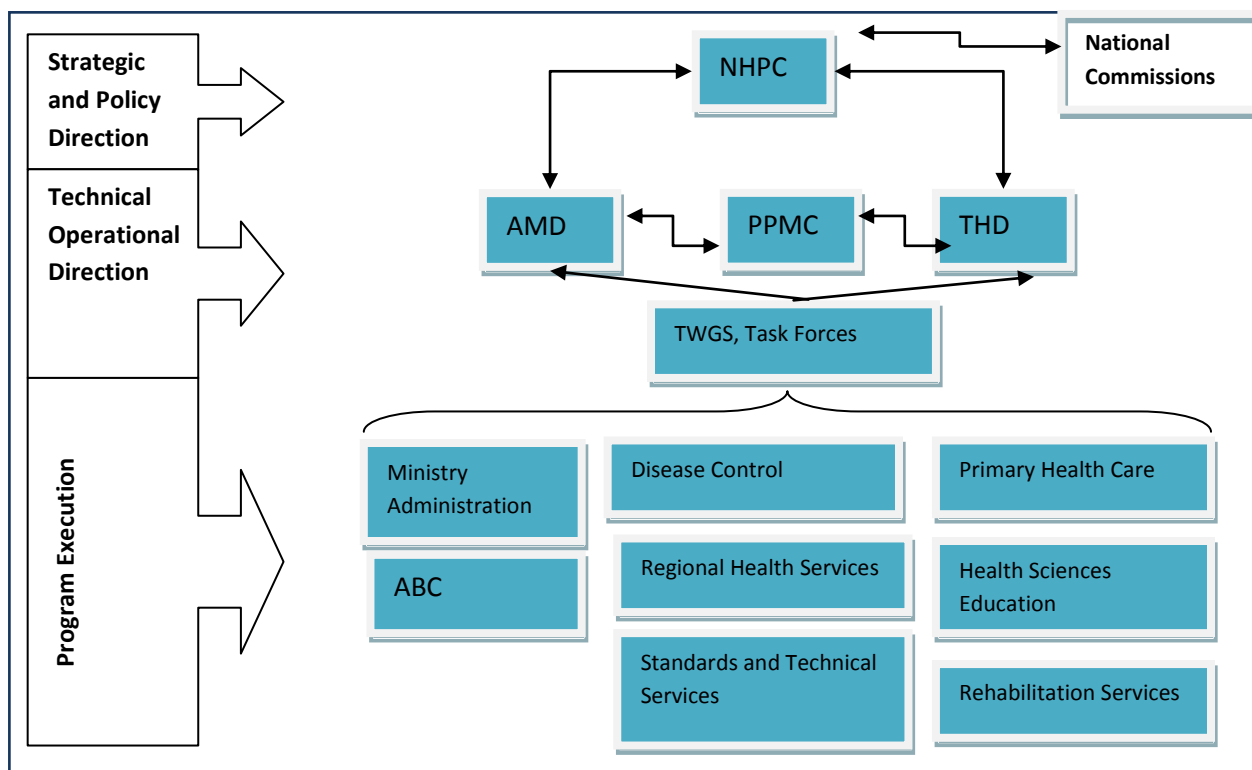
- *M&E Pilot Steering Committee*

This Committee is to be established in the context of the national M&E system being led by the Ministry of Finance and is tasked with providing support and oversight to M&E development and implementation at the Ministry level.

- *Health Promotions Taskforce*

The health promotion taskforce will guide the development of a sound Health Promotion strategy and the establishment of the organizational capacity to support its implementation.

Figure 7: Health Vision 2020, Governance and Management Coordination



6.3.3 Programme Execution

Agency Budget Committee

The Agency Budget Committee will continue to oversee the budget development and execution of the Ministry’s programmes and will lead in summarizing the budget implications of Health Vision 2020 for the attention of the Ministry of Finance commencing from fiscal year 2014.

Programme Managers and Regional Health Officers Meetings

Statutory programme managers meetings will provide for reporting on programme execution across the seven programmes of the Ministry of Health. Regional Health Officers currently meet

every six months for 2–3 days. The agenda of this meeting will be streamlined to facilitate participation from programme managers, health facilities management and HMCs.

6.3.4 Facilitation of Stakeholder Consultations and Partnership Coordination

Health Vision 2020 incorporates a more definitive role for partners and stakeholders in realising the goals for 2020. The following mechanisms will serve to support this strategic approach.

- **National Commissions:** National Commissions exist around the following health issues: Disability, the Elderly, NCDs, and HIV/AIDS. These Commissions will be provided the opportunity to participate at a representative level in policy deliberations of the NHPC where the agenda includes their issue area.
- **Regional Health Management Committees:** Regional Health Management Committees will be provided with additional logistical support to enable them to share information and meet at least every other month to deliberate on health issues of relevance to their geographic regions.
- **Inter-Ministerial Technical Committee on Health:** This Inter-Ministerial Committee on Health will facilitate the coordinate of inter-sectoral actions.
- **Health Thematic Group:** The Health Thematic Group provides a forum for coordination and policy discussion among technical and donor partners in the sector, and is chaired by the Minister of Health.

6.4 Ministry of Health Business Plan Development

In going forward, the Ministry will take the following steps in developing action plans at the programme and sub-programme levels.

- **Development of annual work plans** with the first period covering mid-2013 – end-2014. These annual work plans will incorporate detailed actions and costing under Health Vision 2020 in addition to routine activities from the budget sub-programme level and up.
- **Costing of Health Vision 2020.** The costing exercise will be based on the actions plans in the step above. Costing for 2015 – 2020 will then be developed by the Planning Unit in consultation with MOH programmes.
- **All externally supported strategic plans** must be appended with a transition plan detailing how the programme would be sustained after the external resources have been exhausted.

6.5 Monitoring and Evaluation Framework

6.5.1 Institutional Arrangements for M&E

The institutional arrangement for M&E for Health Vision 2020 will be founded on the establishment of a new M&E unit within Programme 1 - Ministry Administration as a sub-component of the Planning Unit. This Unit will have primary responsibility for coordinating the updating of the M&E framework and monitoring and reporting on the implementation of Health Vision 2020.

The on-going national capacity building effort to establish a coherent national M&E system will support the institutionalization of M&E within the health sector, including through its linkages with surveillance, statistics and other strategic information elements at the regional, facility and national levels.

6.5.2 Reporting on Performance

Health Vision 2020 will be reviewed at three levels including annually at the programmatic level in line with the programme reporting and budget review activities and will further be subject to more in-depth evaluations at the conclusion of Phase 1 and Phase 2 of the health strategy. The Final Performance Reports will be disseminated to all partners and also made available to the public and other stakeholders through partners and government information sources and websites, and at the National Health Day Events.

- Annual Planning and Budget Review

The Health Vision 2020 implementation plans will provide the key tool for the annual review of the strategy. The annual review process will focus on the execution of strategic actions, the milestones and intermediate outputs realized and input and process level indicators reflected in the implementation plans and the M&E Framework. This review exercise will heavily depend on the maintenance of sound monitoring and statistical databases in order to track progress against targets.

- Mid-Term Evaluation

The mid-term review will be conducted towards the end of 2015, the concluding year for Phase 1 of the strategy, and will address the assessment of progress towards the goals of the strategy in line with the input, process and output indicators of the M&E Framework. In particular, it will identify the level of health coverage (population, services, finance) in Guyana. The timing will also allow the mid-term review to feed into the MDG progress report for Guyana. The focus of

the mid-term review will be to identify any impediments to progress, assess changes in the contextual environment and the success of risk mitigation measures and make recommendations on corrective measures to realign actions to the targets. The mid-term report will also include the outcomes of the review of the implementation of the PPGHS Third Edition.

- Final Strategy Evaluation

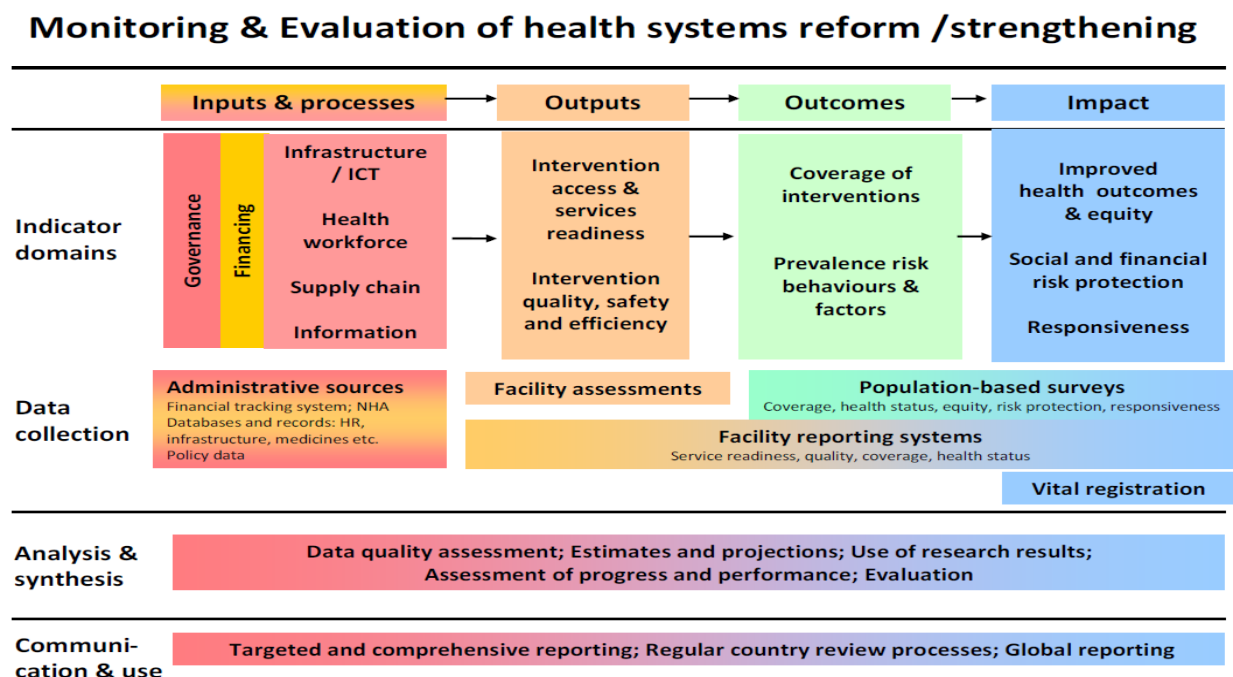
The final evaluation will address a comprehensive assessment of the impact of Health Vision 2020 in realizing the targeted goals and objectives in line with the M&E Framework. The final evaluation will commence by June 2020 and conclude by the end of 2020 so that its findings can inform health planning from 2021. The final evaluation will synthesise the results of programme-specific evaluations, research and survey-level information that is available, and in particular, track the progress towards increased health coverage (population, services, finance) in Guyana between 2016 and 2020.

6.5.3 Core Indicators and Targets

The Health Vision 2020 M&E Framework in Appendix II utilizes the IHP+ Common M&E framework to identify indicators along the health results chain. The selected indicators are those that meet the following criteria:

- Previously elected as part of regional or global reporting requirements
- Identified in existing programme- or disease-level strategic plans
- Identified within the programme logic models developed by the Planning Unit using the IDEA template.

Figure 8: IHP+ Monitoring and Evaluation Framework



This selection of core indicators is the first step to identifying a core national indicators list for the health sector which is a key step in the M&E Plan. It is expected that these indicators will be reviewed, rationalized and validated by the M&E Unit as a priority action following its establishment.

Given the vision statement of Health Vision 2020 the targets identified in the M&E Framework represent previously agreed commitments or targets developed through the programmatic strategic planning process. In cases where indicators have not previously been defined, such as indicators to assess progress in the strengthening of the health system, baseline measures and targets would need to be defined, informed by baseline assessments.

6.6 Change Management and Communication

Change management is the processes, tools and techniques for managing the people side of change in order to realize results. Change management measures will focus first on communication of Health Vision 2020 in the short term, and then the enabling process reforms over the medium term to 2015. The long term goal of the change management process is to reform health-impacting behaviours and cultures, first within the health sector, then nationally. The NHPC will play a critical role in facilitating the organizational and other reforms needed to implement Health Vision 2020 and will therefore lead the change management process.

- **Create climate that supports desired changes required by Health Vision 2020**

The strategy development process was initiated through a retreat attended by senior health management which resulted in the mapping out of the strategic framework. This establishes a sound base on which to build momentum and support for the strategy. Further technical drafting teams that contributed to the elaboration of the strategy had representation from across the sector. MOH continued to engage health workers, managers and providers throughout the process including through their participation in the technical validation of the strategy, a major final public consultation and the launch event. The strategy was internally validated with regard to its implementation arrangements and performance targets: a process through which the strategic interventions were aligned within the results chain with programme mandates, roles and responsibilities.

The strategy document will be widely disseminated across the sectors through print copies as well as through online access on the MOH, partners and programmes websites. In addition, other dissemination formats will address the needs of various audiences including posters and foldout glossy flyers highlighting the overall framework, specific strategic issues, and 2020 targets and a compact version of the full document.

- **Engage programme managers, partners and stakeholders and enable their required actions**

The Health Vision 2020 Launch provides an early opportunity to communicate the strategy, engage potential partners and other sector ministries to affirm their commitment and encourage the exploration of proposals and options for continued engagement.

MOH will prioritize the establishment and engagement of the NHPC, AMD and THD as these critical structures will also play a key leading role in change management. An early emphasis will be placed on action planning and capacity building where programmes will report on their capacities to execute and resource implications. During 2013, initial Programme Managers Meetings will emphasize the development of, and reporting on, action plans to execute Health Vision 2020.

The Planning Unit will provide a critical supportive role in addressing the technical capacity needs in planning. In this regard, the Unit should be prioritized for capacity building interventions and technical assistance in action planning, costing, M&E and programme management.

MOH will facilitate regular reporting on Health Vision 2020 at the programme level to reinforce the programmatic connections, facilitate learning and sharing of strategic information across

the sector. The priority tasks of the public relations and communications unit to be established is to support the dissemination of Health Vision 2020 through the development of communication messages, tools and channels.

MOH will also conduct a seminar series to educate health managers, providers, and stakeholders of the underlying principles and approaches embodied in the strategy including universal coverage, IHSDNs, PHC, social and other health determinants, and health promotions.

- **Implement Health Vision 2020 and sustain momentum to realize results**

The MOH will sustain the programme managers meeting and the functioning of the governance oversight structures of Health Vision 2020 in order to provide a forum for reviewing and reporting on the strategy implementation and outcomes and driving the implementation and reform processes. Performance management systems to be developed with technical support from the Planning Unit and development partners would incorporate an incentive framework for recognizing and rewarding programme performance, at the departmental and facility levels, in line with the strategy goals.

Mechanisms to support learning and cross-programme fertilization will also be encouraged through demand-driven seminar learning series that target various professional disciplines within health including health promotions, strategic information, M&E, and health economics and planning, among others. This forum will also serve to build capacity for and encourage research as proposals and findings can be shared for peer review and dissemination purposes.



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